



News: Numark pharmacists have their say in C+D's exclusive survey

News: North East London pharmacies top national MUR league for 2005-06

Education: Difficult-to-treat asthma – we look at the treatment options

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News

4-12

MURs rise as pharmacy gets to grips with new contract

Time remains an obstacle to new uptake, a C+D/Numark survey reveals

North East London tops chart of MUR performers

Government statistics reveal that the area's contractors carry out 19 more reviews than the average for England and Wales

CCA says Foster at fault over revalidation duties

Association says employers may find it difficult to carry out revalidation duties proposed in the Foster report

'Writing on the wall' for dual-role Society says

Steering group reaches "inescapable conclusion" that Society must abandon dual role

Internet logo concern

Security experts doubt RPSGB logo will deter online pharmacy fraudsters

Pharmacy takings hit by emergency cable repair

Tension as National Grid cable work limits access to North London pharmacy



14-15

Editor's Comment

Your Views
Xrayser
Black Bag

5



Features

16-38

Pharmacy Champion

Hatul Shah hires and sells mobility aids from his community pharmacy

Pharmacy question time

Two hundred Numark members tell us how they feel about industry issues

Teenage kicks

What opportunities are available for pharmacists to get involved with the new government strategy to halve teenage pregnancies?

Bon Viveur

Posh nosh doesn't add up for our food critic

Chemist & Druggist

35-37

Star job:

A large independent pharmacy chain is looking for three field training officers

On TV next week

24



MUR numbers rise as pharmacy gets to grips with new contract

Exclusive C+D/Numark survey shows ambitious attitude towards advanced service

Tom Hawkins

The number of MURs carried out by pharmacists across the UK is on the up but time pressures remain an obstacle to uptake, research has revealed.

A survey of Numark members, conducted in association with C+D, found that of the 89 per cent who have a consultation room or area, 54

per cent expect to carry out more than 50 MURs in the year to March 2007. This compares with 25 per cent in the first year of the contract.

Mimi Lau, Numark director of professional services, praised the growing uptake of MURs. "Early on it was too much too soon – people were getting to grips with the new contract. This year we're getting a shift in the numbers."

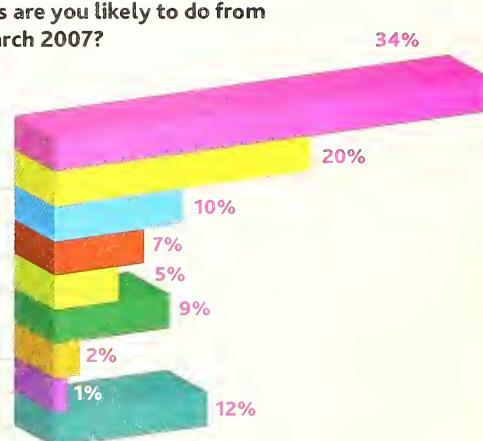
Despite the improved figures, further uptake has been delayed by the need to get premises and staff accredited, Ms Lau said. Independent owners also said efforts to concentrate on the advanced service were affected as they also looked to deliver enhanced services in areas such as EHC and smoking cessation.

Survey respondent Meena Bhandari, proprietor of Curex Pharmacy in Loughborough, said her MUR count is low because business pressures have prevented her from being able to spend consistent periods of time in the pharmacy.

"As a solo pharmacist I'm squeezing everything in and it takes time. MURs haven't been top of the list." Mrs Bhandari added she is beginning to conduct a MUR service and expects to complete up to 30 every month.

The C+D/Numark results show the majority of MURs take 20 minutes or less, and they are largely conducted on an ad hoc basis – just 16 per cent are based on appointments.

Survey contributor David Clark of New England Pharmacy, Haywards Heath, said involving staff was critical to ease the administrative burden and help identify patient groups. Mr Clark is targeting 250 MURs in the year to March 2007.



Over half of pharmacists plan more than 50 MURs during the second year of the pharmacy contract, the Numark/C+D survey revealed



"It's a question of self-confidence. There's quite a difference between getting accredited and practising in a controlled group versus doing it for real."

"It's not until you've got a few under your belt that you realise it's not as difficult as you thought."

David Clark of New England Pharmacy, Haywards Heath



"The problem is that I don't have time. There's no dispenser and I need the locum in to do MURs."

"A little bit of my failing is being a solo pharmacist. I'm squeezing everything in and it takes time. MURs haven't been top of the list."

"So far it's been about getting essential services right. MURs are the next step."

Meena Bhandari, proprietor, Curex Pharmacy, Loughborough

Pharmacists want more support from trade bodies, survey reveals

Exclusive Numark contractors call for more guidance from above

Jennifer Rigby

Pharmacists want their representative organisations to provide more support as they seek to meet growing NHS responsibilities, a Numark/C+D survey has revealed.

The survey asked 200 pharmacists how they would rate organisations, including the RPSGB, PSNC and NPA, from 'poor' to 'very effective'.

The vast majority – over 89 per cent – from England, Scotland and Wales rated the RPSGB as 'good' or 'exceeds expectations'. Just 1 per cent thought its services 'poor', 'fair' or 'very effective'. In contrast, the Pharmaceutical Society of Great Britain was more successful

– while 38 per cent thought it 'could do better', a further 38 per cent believed it was already good enough.

One of the respondents, Carol Heyden from Cowern and Hartshome Chemists in Staffordshire, said she was unsurprised by the results. "There is no guidance from above. There is so much pharmacy can do and so much

government policy, but at the moment there is too much talking and not enough doing."

However, Gordon Couper from Handbridge Pharmacy in Cheshire was more supportive of the pharmacy organisations. "I think the Society are good in the way that they work as a legal body for us. PSNC does as good a job as it can under the contract, and the NPA do their best to support us with the services they offer," he said.

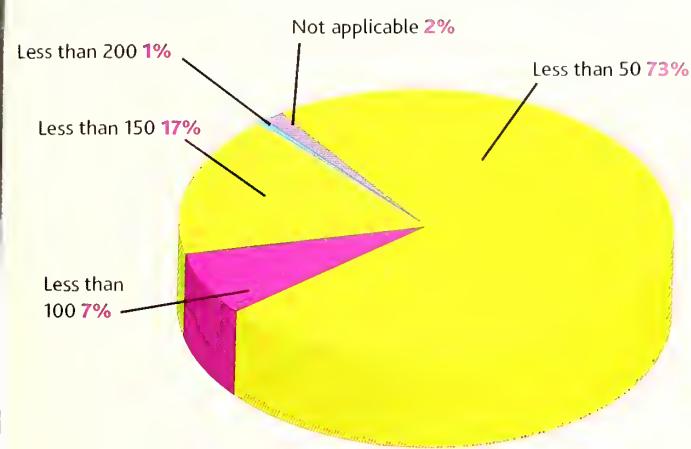
Mimi Lau, director of professional services at Numark, added: "I think this survey could be the wake up call for the trade bodies. Pharmacy has changed so much in the last 18 months and pharmacists just want someone to help them through that change – a strong, united voice."

How the others fared

Respondents who rated organisations 'good' or better:	
CPhW	25%
PSNC	25%
FCP	42%
NPA	55%
UCA	71%
SPG	86%

How many staff do you need to do an MUR? See page 26 for full survey results

How many MURs did you do in the contract's first year?



Time for a change: Numark pharmacists are having to beat the clock to improve on last year's MUR score

News in brief

More for MAS in NI

Pharmacists have called for an expansion of the Minor Ailments Service in Northern Ireland following the scheme's success.

Mimi Lau, Numark's director of professional services, said the PCC is considering broadening the MAS scheme from just hayfever and coughs and colds to cover a further 15 areas, including smoking cessation.

"Minor Ailments is a relatively new service," she said. "It's working well with two categories and we'd like to see more."

A survey of Numark members in the province, carried out in association with C+D, found that 63 per cent had carried out 51 or more minor ailment consultations.

North East London contractors top list of medicines use review performers

Survey Contractors carry out 19 more MURS than the England and Wales' average, government statistics show

Ailsa Colquhoun

Contractors in North East London carried out the most medicines use reviews per pharmacy during 2005-06, government statistics reveal.

The area's 130 accredited contractors (36.8 per cent of the total contractor base) carried out an average of 56 MURs per pharmacy, according to General Pharmaceutical Services in England and Wales statistics 1996-97 to 2005-06.

Cumbria and Lancashire carried out the fewest MURs, averaging 27 per pharmacy, on an accredited contractor base of 155 (38 per cent of total).

Overall, English and Welsh contractors carried out 152,854 MURs during 2005-06, an average of 37 per pharmacy.

Primary care trusts in England and local health boards in Wales also

commissioned 17,745 local community pharmacy enhanced services during the year. Supervised administration was the most popular (accounting for 15.4 per cent of all enhanced services commissioned), followed by stop smoking services (14.2 per cent) and patient group directions (12.5 per cent).

Schools and supplementary prescribing services were the least commonly commissioned.

By SHA region, South Yorkshire was the most prolific service commissioner (at an average of 3.2 enhanced services per pharmacy) and Kent and Medway the least (none).

The statistics also show that there were 10,580 community pharmacy contractors in England and Wales at March 31, 2006, compared to 10,441 a year earlier – an increase of 139. PCTs and LHBs reported that during 2005-06, 39 per cent of new

pharmacies opening were within 500 metres of another pharmacy while 57 per cent of those that closed were

within the same distance. This is the largest number of openings for the 10 years reported.

Pharmacy in numbers

- The number of prescription items dispensed by community pharmacies in England and Wales increased by 38.6 million to 713.5 million in 2005-06. This is an increase of 47 per cent over the last 10 years.
- The average net ingredient cost per dispensing fee has decreased by 79p to £10.42. This is the first decrease in five years.
- The mean number of prescription items dispensed per pharmacy was 5,620 per month.
- In 2006, 56.8 per cent of contractors were in multiple chains (of six or more pharmacies). In

1996-97, this figure stood at 38.9 per cent.

- 406 contractors (3.8 per cent) have received a payment for successfully delivering an electronic prescription service (EPS).
- In 2005-06, PCTs received 390 applications for pharmaceutical services under the control of entry exemptions, and approved 226 (57.9 per cent) of these. Most (271) of these applications were from pharmacies intending to open for 100 or more hours per week, of which 156 (57.6 per cent) were granted.

For more information:
<http://www.ic.nhs.uk/pubs/gps0506>

The top five enhanced services commissioned by PCTs/LHBs from community pharmacies in England and Wales in 2005-6*

	England	Wales	
Number and percentage	16,920	825	
Supervised Administration	2,563 (15.1%)	Out of Hours	195 (23.6%)
Stop Smoking	2,522 (14.9%)	Supervised Administration	178 (21.6%)
Patient Group Direction	2,147 (12.7%)	Needle and Syringe Exchange	140 (17%)
Minor Ailment Scheme	2,067 (12.2%)	Care Home	137 (16.6%)
Out of Hours	1,432 (8.5%)	Patient Group Direction	88 (10.7%)

Source: Information Centre for Health and Social Care, www.ic.nhs.uk/pubs/gps0506

(*) An individual pharmacy contractor may offer more than one locally enhanced service, therefore the figures provided do not provide a total number of pharmacies providing enhanced services, rather the total number of services being provided by pharmacy contractors within the SHA/HA area.

*Figures as of March 31, 2006

CCA says Foster at fault over revalidation duties

RPSGB CCA says report changes are expensive, complicated and require back-up

Ailsa Colquhoun

Employers may find it difficult and costly to carry out effectively the revalidation duties proposed in the Foster report, the Company Chemists' Association has said, calling for the responsibility to default to the regulator or professional leadership college (see also p14).

In its response to the Foster report, the CCA points out that the competences necessary to run

revalidation schemes are not held by commercial organisations, and so would prove expensive to develop and maintain. The matter is complicated by the fact that more than 20 per cent of pharmacists working in community pharmacy work for more than one employer, the CCA added.

It also questions how the public, and purchasers of pharmacy services will view validation of its healthcare professionals by an

employing organisation.

On the question of RPSGB functionality, the CCA acknowledges that there is a "certain logicality" in splitting the regulatory and professional leadership functions.

However, it believes that the process would be difficult and costly.

It also supports councils composed of a professional majority, with lay members with those appointed by statutory healthcare regulators and elected members.

Stoma supply should be essential service

Policy Department of Health consultation agrees service is essential to patients

Stoma appliance supply should be an essential service, a Department of Health consultation has found.

Responses from across the industry (C+D, September 16), suggested that the provision of stoma and incontinence appliances and related support

services should be essential in the contract – because they are essential to patients.

Some groups also proposed that there should be a mandatory minimum service standard, as not all pharmacies could offer all the services all of the time.

They also suggested that pharmacists deserved higher remuneration if additional services were provided to the patient.

The DH is launching another consultation to be published in November 2007 to look at service and reimbursement prices. JR

Eczema chiefs praise sector

Practice Contractors can act as advice-point

Pharmacists are the key to educating patients to control their long term conditions, like eczema, experts have said.

Speaking at a presentation on pharmacy and eczema held in London this week, Dr Michael Cork, consultant dermatologist at Sheffield children's hospital, said: "The key to controlling eczema is education. Pharmacists can give very useful advice, because they know how medicines interact with the skin."

"It would be great to get a service where children can try out creams in the pharmacy and choose," he added.

Carol Williams from Stiefel, which makes Orlaturn emollient eczema treatments, added: "Research we have done shows patients will ask pharmacists for advice first, before GPs, so their role is critical."

The comments support health minister Andy Burnham's suggestion (C+D, October 7) that pharmacists could be part of the structured expert patients programme, where health professionals provide support and information to allow patients to manage their own conditions. JR



Lloydspharmacy's branch at The Square, New Invention, Walsall, has been named Lloydspharmacy of the Year 2006. The Walsall team won a crystal trophy, a £2,000 cheque and an invitation to next year's One Vision Pharmacy Conference

No PR for Welsh IP extension

Wales Extension more 'incremental' than 'big bang'

Welsh health minister Brian Gibbons resisted calls for the extension of independent prescribing to pharmacists and nurses to be publicised to the public.

Following calls for posters and leaflets to be displayed in venues such as GP surgeries, Dr Gibbons said:

"It will not be a big bang, but will be more incremental as the new prescribers are assimilated into existing work patterns."

The IP regulations in Wales are expected to be approved by the plenary before Christmas and come into operation in the new year. CB

News in brief

Alliance hits 400 MURs

A pharmacy in Guisborough, Cleveland, is the first Alliance Pharmacy to complete 400 MURs.

Sally Coates, pharmacy manager at the Guisborough branch, said: "They were opportunistic appointments, although word of mouth helped, and all five counter staff were involved."

NHS IT to be reviewed

The beleaguered NHS IT programme is to face a review. The Department of Health confirmed that NHS chief executive David Nicholson had ordered a 'confidential review' of the £12 billion NHS IT upgrade, including the Connecting for Health project, which covers the electronic prescription service.

£200 prize

There's still time to be in with a chance of winning £200 of Marks & Spencer vouchers by sending in a completed Pharmacy Today readership survey by the end of November.

If you've lost the form, download a replacement from the website www.dotpharmacy.com/PT. Ten runners up will receive a travel bag.

Pharmacist struck off

Denis Mary McNamee has been struck from the PSNI register after 50 years as a pharmacist.

The Society's Statutory Committee ruled that Mr McNamee, who owns and runs a store on Irish Street, Dungannon, presented a "huge potential danger" to patients and the public.

Mr McNamee's representatives did not challenge accusations of the pharmacy being open without a present pharmacist but asserted that there was no dispensing or sale of OTC medicines. He has three months to appeal.

Pfizer protest in Wales

More than 160 independent pharmacies in Wales have signed a petition protesting against Pfizer's UK distribution plans.

The list of names, collected by pharmacy group Cambrian Alliance, will be sent to the Department of Health and the Welsh Assembly Government. A complaint has also been submitted to the OFT.

Walking with a winter wonderbrand



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paracetamol & phenylephrine

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Benylin Cold & Flu Max Strength Capsules product information:Presentation: Capsule containing 500mg Paracetamol and 6.1mg Phenylephrine hydrochloride and 25mg Caffeine. Uses: For the relief of symptoms associated with the common cold and influenza, including relief of aches and pains, sore throat, headache, fatigue and drowsiness, nasal congestion and lowering of temperature. Dosage: Adults and children over 12 years: 2 capsules to be swallowed whole with water every 4 hours, up to a maximum of 8 capsules in 24 hours. Children 6-12 years: 1 capsule every 4 hours, up to a maximum of 4 capsules in 24 hours. Children under 6 years: not recommended. Contraindications: Hypersensitivity to any of the ingredients. Severe coronary heart disease and cardiovascular disorders, hypertension, hyperthyroidism, history of peptic ulcer. Also contraindicated in patients currently receiving or within two weeks of stopping therapy with monoamine oxidase inhibitors. Precautions: Caution in severe renal or severe hepatic impairment, Raynaud's phenomenon and diabetes mellitus. Concomitant use of other products containing paracetamol. Interactions: The speed of absorption of paracetamol may be increased by metoclopramide or domperidone and absorption reduced by cholestyramine. The anticoagulant effect of warfarin and other coumarins may be enhanced by prolonged regular daily use of paracetamol with an increased risk of bleeding. Phenylephrine may adversely interact with other sympathomimetics, vasodilators,

and β -blockers. Drugs which induce hepatic microsomal enzymes, such as alcohol, barbituates, monoamine oxidase inhibitors and tricyclic antidepressants, may increase the hepatotoxicity of paracetamol, particularly after overuse.
Pregnancy and lactation: Consult doctor before use. **Side effects:** Hypersensitivity reactions including skin rash may occur. Blurred dyscrasias, raised blood pressure, headache, nausea, vomiting and occasionally palpitations; tachycardia, reflex bradycardia; tingling and coolness of the skin, insomnia, restlessness, tremor, anxiety, urinary retention and hallucinations. Rarely reports of lung haemorrhage. RRP: 16 capsules £2.99. Legal category: GSL. PL Holder: Wellcome Consumer Health Limited, Braunton, North Devon, EX33 2DL. PL Number: 120/133/000. Date of preparation: June 2006. **Benylin Cold and Flu Max Strength Sachets (Non-Drowsy) product information:** Presentation: Yellow powder sachet suspension containing 1000mg Paracetamol and 12.2mg Phenylephrine hydrochloride. Uses: For relief of symptoms of colds and influenza, including the relief of aches and pains, sore throat, nasal congestion and lowering of temperature. Dosage: Adults and children over 12 years: Contents of one sachet dissolved in hot water. May be repeated after 4-6 hours. Maximum of 4 sachets in 24 hours. Under 12 years: not recommended. Contraindications: Known hypersensitivity to any of the ingredients. Severe coronary heart disease or extension. Precautions: Caution

in patients with severe hepatic impairment, Raynaud's phenomenon, digitalis toxicity, the speed of absorption of other products containing paracetamol, the anticoagulant effect of warfarin and other coumarins may be enhanced by prolonged regular daily use of paracetamol, with an increased risk of bleeding. They may also interact with other sympathomimetics, vasodilators and drugs which induce hepatic microsomal enzymes, such as alcohol, barbituates, monoamine oxidase inhibitors (MAOIs) and tricyclic antidepressants. The hepatotoxicity of paracetamol, particularly in patients taking MAOIs. **Pregnancy and lactation:** Consult doctor before use. **Side effects:** Hypersensitivity reactions including skin rash, blurred vision, raised blood pressure, tachycardia and occasionally palpitations; tachycardia, reflex bradycardia; tingling and coolness of the skin, insomnia, restlessness, tremor, anxiety, urinary retention and hallucinations. **Legal category:** GSL. **PL Holder:** Wellcome Consumer Health Limited, Braunton, North Devon, EX33 2DL. **PL Number:** 120/133/000. **Date of preparation:** June 2006. **Research:** 1 Data from independent market research.

'Writing on the wall' for dual-role Society says IPF

RPSGB Independents want to see formation of a 'Pharmaceutical General Council'

Jennifer Rigby

The Independent Pharmacy

Federation has called for the Society to abandon its dual professional and regulatory role.

At a steering group held by the IPF last week, members reached "the inescapable conclusion" that the Society must split following the Foster report conclusions. They called for a 'Pharmaceutical General Council' to be set up to handle the regulatory role, equivalent to the GMC for doctors.

IPF chairman, Fin McCaul, said: "The writing for the Society's so-called 'dual role' has been on the wall since the government commissioned the Foster and Donaldson reviews



Fin McCaul: no future for Society as quango

into the regulation of the health professions. The Society is already

failing us as a representative body – and an increasingly weak and demoralised profession is not in our interests nor patients' interest."

He added that the government's insistence through Foster that regulatory bodies have a majority of lay members on the board would be "totally unacceptable" if the Society also retained its representative role.

"Let's wake up and smell the coffee. The Society has no future as a quango. It must be freed from its regulatory chains to once again perform the role which Jacob Bell intended: a strong, effective, independent voice for the professional interests of pharmacists," he concluded.

Update Knockout 2006 down to last 18

The pressure is on our Pharmacy

Update Knockout finalists. Four have fallen away after the first exam paper, leaving 18 in with a chance of taking home the £2,000 prize, but there isn't much to choose between them:

• Julie Dubnewytsch	27
• Mr S F Howard	27
• Jennifer Jones	28
• A J T McNeilly	27
• William Fisher	29
• Sheila Castle	29
• Coll Michaels	28
• Maggie Vesty	28
• Nicola Entwistle	28
• Joceelyn Hughes	27
• Mrs P Zafar	26
• Fiona Marshall	29
• Helen Ferguson	28
• Lynne Woodburn	26
• Trevor Purrington	29
• Raymond Hyde	25
• Catherine Gilchrist	26
• David Entwistle	27
• Andrew Leighton	30

The second exam paper goes out this week. Update Knockout 2006 is supported by Genus Pharmaceuticals.

More information from Pauline Sanderson, phone 01732 377269, email psanderson@cmpmedica.com or go to www.dotpharmacy.com

MPs bid to add HIV to exemptions

Medicines Current regulations affecting quality of life of HIV patients

Liberal Democrat Paul Burstow

MP is leading a cross-party campaign at Westminster to add HIV to the exemptions from prescription charges.

He has tabled a Commons motion signed by John Austin, a Labour MP, Respect MP George Galloway, and Peter Bottomley, a former Tory minister and husband of the former

Health Secretary, Virginia Bottomley.

The trigger for the motion is the review announced by the government into prescription charges. They note that the regulations have not changed since 1968 and remain a significant barrier to the healthcare and quality of life of patients living with HIV.

They say that living with HIV, an

infection first diagnosed 14 years after the legislation was introduced, can cause considerable physical and financial hardship.

They call on the government to fulfil the commitment it made while in opposition "finally to review the list of conditions currently exempt from prescription charges with a view to adding HIV to the list". CB

News in brief

New year lecture series

The Pharmaceutical Society of Northern Ireland is launching a series of lectures next year on topics of "paramount importance" to pharmacists. The first – 'Challenges facing the profession and quality standards' – will be held in February. Email info@psni.org.uk for more information

NI smoking ban finalised

Bars and restaurants in Northern Ireland will be smoke-free from April next year, the Department of Health, Social Services and Public Safety has announced. A public consultation in 2004-05 showed overwhelming support for a ban and the legislation has now been passed by parliament.



Pharmacy symbol group Numark has appointed David Hamilton as Northern Ireland Services Development Coordinator. Belfast-based Mr Hamilton aims to tune Numark's services to members in Northern Ireland. He said: "I am aware that the new contract in England with its focus on 'new services' caused a lot of nervousness among community pharmacists. I hope that I can help put the information into perspective and hopefully come up with ideas to make the transition to a new contract easier for Numark members in NI."

PCTs must pay for MS drugs

Medicines Statutory duty to fund treatment

PCTs have been warned they must fund treatment with beta interferon and glatiramer acetate in patients with multiple sclerosis.

A 10-year NHS monitoring programme is looking at the cost-effectiveness of Avonex, Betaferon, Copaxone and Rebif in more than 5,000 patients and expects to provide initial analyses in 2007.

But a briefing note from the Department of Health reminds PCTs that they have a statutory duty under the 1977 NHS Act to fund treatment for eligible patients, even those not undergoing routine monitoring.

Under the risk-sharing scheme, eligible patients with relapsing-remitting MS, and those with secondary progressive MS in which relapses are being monitored, had their progress compared with a group who did not receive treatment.

The MS Trust says some areas are putting patients on waiting lists for the drugs. EW

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Internet logo concern

Practice Cyber criminals could duplicate official logo

Jennifer Rigby

Security experts have raised concerns over an e-pharmacy logo being piloted by the RPSGB to certify bona fide internet pharmacies.

Gia Goodman, spokesperson for IT security firm Symantec, told C+D: "It is possible, and fairly easy, to duplicate a logo – like cyber criminals who duplicate bank logos and send out emails. It's a great move in the right direction but just having a logo does not make something secure. They [the RPSGB] will need to be careful."

However, the Society had designed its e-logo to deter fraudsters, stressed Lynsey Balmer, the RPSGB's head of professional ethics. She said: "The Society has given detailed consideration to the risk of the logo being copied and used by illegal sites. Whilst we cannot completely

Official e-pharmacy logo would defeat rogues, say industry figures

Legal Calls for action come after raids on suspected illegal sites

Jennifer Rigby

Industry figures have renewed calls for an official e-pharmacy logo after a series of raids on bogus online operators.

welcome, but whether the stamp will overcome all the problems I don't know."

An official e-pharmacy verification logo was still months away, revealed the Royal Pharmaceutical Society

improve patient safety, but we want to make sure it will work before we implement it. We are looking to launch it at the end of the year."

The MHRA revealed its raids were the result of a five-month

C+D's report of how the RPSGB's internet logo could tackle bogus online operators

eliminate the risk of the logo being copied we have taken steps to guard against this.

"A key element of the logo is that it not only provides a visual means of helping patients to identify whether a website is connected to a registered pharmacy, but it also provides a direct link to the Society's website."

Stephen Hallworth, a spokesperson from the MHRA, backed the RPSGB scheme: "We've worked hand in hand

with the Society on this and we obviously welcome any steps made by the Society to protect patients. It's still very much an ongoing issue," he said.

The RPSGB is currently calling for internet pharmacy partners to pilot the e-logo, which it plans to roll out nationally. The scheme follows a series of MHRA raids on rogue internet drugs distributors (C+D, September 30, 2006).

News in brief

Prison drug payout

Drug addicted prisoners forced to go 'cold turkey' in prison have won £750,000 compensation from the prison service.

The prisoners, who had previously used heroin or other opiates, had been receiving alternative treatments in the community. They claimed that the withholding of drugs to help them kick the habit in prison, like methadone, was a breach of their human rights, and the Home Office settled out of court.

Pharmacy raid

Two men in balaclavas raided a pharmacy in Ashwell, Hertfordshire, last week. They smashed a pane of glass using a metal bar and stole money from the till as well as perfume and cosmetics. The police are hunting the thieves.

Watchdog lists complaints

The MHRA's Advertising Standards Unit has published details of complaints regarding medicine adverts within its first annual report. A total of 172 complaints were received between September 2005 and August 2006, leading to 136 investigations and 84 cases where advertising was withdrawn. Almost half of the grievances were made by competitors, with health professionals and the public contributing to the remainder. More details are available on www.mhra.gov.uk



Making a difference: Alliance Pharmacy pre-reg students from the north-west region demonstrated their corporate social responsibility by voluntarily helping to clear up Boars Well Urban Wildlife Reserve in Bradford. The team of 16 carried out general maintenance jobs such as clearing the pond of encroaching vegetation to ensure that there was a balance of plants, clearing litter from footpaths and pruning trees to give them a better shape and help reduce the effects of pollution on the wildlife in the park

Lift off for 100th super surgery

Practice Lord Warner says vision is starting to become a reality

The 100th Lift centre opened its doors this week in St Helens, in the face of growing concern amongst pharmacy organisations.

The Longview Drive Primary Care Centre cost £3 million to build and houses a GP practice, health visitors, midwives and cardiac nurses. Pharmacists attend the practice on a regular basis.

Health minister Lord Warner, who is championing NHS Lift, said the new scheme "is helping us deliver our vision of an NHS that treats more patients outside of large hospitals. The opening of the 100th new surgery shows that this vision is starting to become a reality".

However, John Davies, retail



services director for Mawdsleys, warned that super surgeries were already causing problems in some areas, such as Macclesfield. "It's all very well for the pharmacists who get involved but for those out

in the cold it is worrying.

"We would advise pharmacists who feel their business is threatened to do something and market themselves aggressively, not just cover in the corner." JR

Twice as many counterfeits seized as 2004

Legal C+D/HRA says better policing has resulted in more counterfeits being discovered

More than half a million counterfeit items were seized on European borders last year – twice as many as in 2004.

However, a report from the MHRA and Europol said it was not a cause for concern, as it was mainly due to improved policing rather than an increase in the number of counterfeits being traded.

Sarah Coakley, an MHRA

spokesperson, explained: "We have been working closely with customs and the police so that they are more familiar with what they are looking for, which is why they have caught more people."

Laszlo Kovacs, the EU taxation commissioner, said: "The key is to be faster than the counterfeiters to protect our health, safety and the economy." JR

The facts

- 560,598 packs of fake drugs including Viagra, antibiotics, cancer treatments, cholesterol drugs and paracetamol were seized last year.
- 75 per cent came from India.
- One of the cardiovascular drug fakes was brick dust, painted with yellow road paint, covered with furniture polish.



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Pharmacy takings hit by emergency cable repairs

Practice Constant roadworks outside pharmacy cause chaos for patients

Patients using a pharmacy in North London have been unable to collect their prescriptions because of the disruption caused by emergency work on high-voltage electricity cables.

Paul Barry, owner of The Village Pharmacy on Belsize Terrace, Belsize Park, said the problem is on the main electricity line running from St John's Wood to Mill Hill.

"The work originally started in

September and the road has since been dug up six or seven times while engineers try to trace the source of the problem. It has to be fixed because if they don't there'll be no electricity in North London."

Mr Barry said no-one can get near the pharmacy and the whole street looks like a huge building site. "The main problem is that disabled patients can't park outside. Parking spaces have gone from 20 down to

three or four. We have had to deliver medicine to people who can't park. We're doing what we can but it can't go on for much longer."

Mr Barry said the National Grid has told him that the work should be completed in the next three to four weeks.

"There's no guarantee, though. It's already had an impact on my takings and I don't want it to drag on until Christmas." JE

Oxfordshire pharmacists fight flu

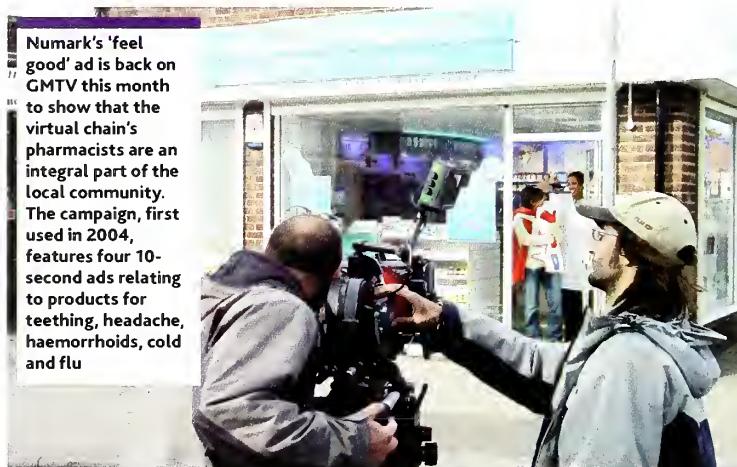
Practice Advice is to buy home thermometers

Pharmacists across Oxfordshire are advising customers to buy thermometers to help fight flu this winter.

Oxford pharmacist Paul Jenner, of Jenner's Pharmacy, Cowley Road, is one of nearly 100 pharmacists promoting the message "How Hot Are You?" to encourage people to buy thermometers and treat themselves at home if they can.

Oxfordshire PCT has distributed posters and credit card-sized information cards to pharmacies, GP surgeries, community hospitals and out of hours centres across the county.

Oxfordshire PCT clinical manager, Anna Hinton, said this public health campaign is one of six organised by the PCT each year as part of the new pharmacy contract. JE



Give patients more information

Practice Patient Information Forum heads initiative

Patients need more information on medicines – and it is the pharmacist's role to provide it, according to an expert.

Mark Duman, the chair of the Patient Information Forum (PiF), says: "Pharmacists should be dispensing information as well as medicines."

The PiF is holding a workshop on December 12 with the Health Coalition Initiative for pharmacists. JR

For more information, contact chair@pifonline.org.uk

Make a big effort to raise MUR levels

Practice Checklist should act as an aid

An Essex LPC committee member aims to increase the number of pharmacists in the region carrying out medicines use reviews to 60 per cent.

Pharmacist Graham Fletcher, who has been appointed by the LPC to manage the development of MUR services in Essex, told C+D that of 300 pharmacies in the region, only 40 per cent are offering MURs.

"I've drawn up a checklist of what pharmacists could do to improve the situation," he said. "There is a perception that there is not enough time to do MURs, but pharmacists are not planning or 'selling' the service to their customers or GPs."

Mr Fletcher reminds pharmacists that they are in control and can easily find suitable MUR patients from their PMR.

The checklist focuses actions that pharmacists should take before embarking on MURs, including:

- Getting accredited.
- Providing a consultation area.
- Training staff.
- 'Selling' the service to your local surgery and informing other healthcare professionals.
- Telling patients what the benefits are.
- Producing a plan to reach 400 MURs by the year end.
- Proactively engaging patients by using an appointment card.
- Re-emphasising the benefits to them at the start of the consultation.
- Asking open questions. JE

Find out what makes Hatul Shah a Pharmacy Champion on p16

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At last, there's an alternative to aciclovir for cold sores!



Cold sore sufferers are frantic for their cold sores to heal quickly... now there's a new fast treatment

Fenistil Cold Sore Cream

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Fenistil Cold Sore Cream contains the unique patented ingredient penciclovir, clinically proven to treat cold sores with **just 4 days treatment**—that's a **20% faster treatment time** than current OTC anti-viral cold sore treatments – a key benefit for your customers.

From now on... recommend Fenistil Cold Sore Cream

Nothing works faster!

FENISTIL COLD SORE CREAM. **Presentation** Cream containing penciclovir 1.0% w/w. **Indications** For the treatment of herpes simplex virus infections of the lips and face (herpes labialis) in adults and children aged 12 years and over. **Dosage and administration** At the first signs of an infection, apply at approximately two hourly intervals during waking hours, (approximately 8 times a day). Treatment should be continued until the lesions have healed completely. **Contraindications** Known hypersensitivity to penciclovir, aciclovir or the other constituents of the formulation. **Precautions** For external use. Do not apply to the mucous membranes, such as the eyes, nose and mouth, or to the genitalia. Do not use in ocular or genital herpes. Avoid contact with the eyes. Patients with severe cold sores should be encouraged to seek medical advice. Patients should be advised to avoid contact with immunocompetent patients (e.g. AIDS patients or bone marrow transplant recipients) as they may transmit the infection. Prolonged use of Fenistil Cold Sore Cream may cause local skin reactions (e.g. contact dermatitis). It also contains propylene glycol, which may cause skin irritation. **Pregnancy and lactation** Do not use unless directed by a physician. **Side effects** Application site reactions such as transient burning, stinging and numbness. Also hypersensitivity reactions, such as allergic dermatitis, rash, urticaria, pruritis and conjunctivitis. **Recommended Retail Price** £6.49 (2g tube). **Product licence number** PL 0030/0215. **Product licence holder** Novartis Consumer Health, Wimblehurst Road, Horsham RH12 5AB. Date of first publication: 2000.

Comment from the editor

You've come a long way... but don't stop yet



With Christmas fast approaching, your pharmacies will soon be inundated with chocolates and biscuits from the regulars who appreciate the service provided by you and your staff.

But how do you compare against your competitors in terms of treats received? Are they providing more patient-centred services and being rewarded with a superior selection of carbohydrates?

In this week's issue, C+D's survey of Numark pharmacists combined with the latest pharmaceutical statistics from the Department of Health provides a steer for readers.

Nationally, some 152,000 MURs were completed last year – an average of 15 per pharmacy. Some may be critical of pharmacists for falling short of the 250 MURs that they could have completed, but this is unfair.

The sector has seen increased competition due to changes to control of entry, a greater focus on clinical governance, a need to skill up pharmacists and their staff for new ways of working, not to mention the introduction of CPD. The bar has been set high.

But looking at the snapshot of views from Numark pharmacists, there is a clear desire to deliver. Nearly 90 per cent of respondents have a consultation room, and over half plan to carry out more than 50 MURs by March. And an overwhelming majority want to become independent prescribers, pharmacists with a special interest or to offer services such as diabetes screening.

The seeds of a pharmacy revolution have been sown and pharmacists across the UK are stepping up to the mark.

The profession has come a long way in a short time and as the government looks to move resources from secondary to primary care, we need to make the most of the opportunities available.

The seeds of a pharmacy revolution have been sown and pharmacists across the UK are stepping up to the mark

Your views

Pharmacy needs to see the bigger picture

The Foster review will significantly change pharmacy regulation and leadership, says the CCA



The timing of the Foster review is difficult. Section 60 Orders have not yet been implemented, and so its proposals come during a period of transition in the regulatory process. What is more, non-medical professionals should feel justifiably aggrieved that their regulation is being considered separately from that of doctors at a time when the NHS is looking to break down professional boundaries and enable non-medical professionals to take on new clinical

work. There seems no logic to this artificial split – apart from historical precedent. And in order to compare what is really on offer to medics and non-medics, one must examine in detail both the Donaldson and Foster reviews.

It is an illuminating process. Where Donaldson is based largely on evidence and seeks to tackle issues of poor performance by supporting failing doctors and identifying remedial action before initiating processes for removal from practice, Foster is directive, presents little evidence, and appears to have removal from practice as its primary intent. This difference in approach – whether intentional or not – is unacceptable. The CCA believes that non-medical professionals should stand firm on this issue, and demand a system where practitioners who recognise that they are failing can step forward and seek help without recrimination.

Nowhere is this two-tier approach more apparent than in relation to support for revalidation. The NHS Clinical Assessment Service – whose job is to provide expert, locally

tailored assessment and support of failing practitioners – covers doctors alone. The CCA contends that it should cover revalidation schemes for other health professionals as well. Techniques for assessing clinical competence and particularly values, behaviours and attitudes are in most instances generic – and will become increasingly so as non-medical professionals take on more clinical work. If such assessments are appropriate for doctors, then why are they not mentioned in Foster?

The CCA knows that revalidation is a necessary and inevitable development but has concerns about the proposals in their current form for employers to play a pivotal role in the process. It believes that any revalidation system must be beyond reproach, and that the public and employees may view an employer-run system with suspicion.

In addition, the competencies necessary to run revalidation processes would be expensive to develop and maintain. And if employers all need to develop in-house systems, it will lead to expensive duplication of techniques

that are already being developed for doctors and likely to prove transferrable to other health professionals. It may also limit mobility within the workforce.

The CCA would favour extension of the NHS Clinical Assessment Service to non-medical professionals and for RPSGB or an equivalent professional leadership college, should one emerge, to implement the revalidation system.

This makes more sense for community pharmacy in any case, given that 20 per cent of community pharmacists work for more than one employer and 37 per cent are classed as locum pharmacists, with the majority self employed.

The CCA believes, as is often the case, that pharmacy needs to look beyond its own professional perspective to see the bigger picture on these crucial regulatory issues. What we need moving forward is a level playing field – surely that's not too much to ask for in return for the improved patient care that we want to deliver?

Neil Slater, head of operations, Company Chemists' Association

Xrayser

Help needed with difficult dealings

Dealing with colleagues is one of the most difficult aspects of any job and it's a skill that many pharmacists need to improve.

Community pharmacists have, certainly until recently, been in the unusual position of occupying solely a 'boss' role where they are in charge of everyone around them and rarely interact with peers. Employees have a whole hierarchy of bosses above them for business and management issues, but they still carry out their professional duties mainly as head of the pack.

We must foster other types of working relationship as links with colleagues at the PCT, GP practices and with each other are essential if we are to forge ahead with clinical roles. Mimi Lau highlights how much can be gained by working with GPs, and explains how it might be approached (C+D, November 18, p13), but it's far easier said than done.

I'm still treated with a complete lack of respect and understanding by too many GPs, while I find it awkward continually bowing down to them. I had to contact a local GP last week with a query over a child's prescription that I believed to be unsafe. The GP was busy and I had to wait for them to return my

call. The patient's mother, who had left her son at home alone as she thought she would only be a couple of minutes, waited in the shop for an hour. A receptionist called back with the message that the GP had told her the prescription should be dispensed as it stood without any explanation whatsoever.

After a couple of minutes spent throwing my stress ball very hard against the CD cabinet I had to explain to the patient's mother why she had spent an hour waiting in the pharmacy. It was difficult to convince her the prescription was safe enough to take without making myself look extremely daft.

This GP had given little or no consideration to my position and I fail to see how my relationship with her can fail to be anything other than one-sided and unproductive. I will continue to bow and scrape while she walks all over me and I sacrifice any remaining vestige of self respect.

There must be another way of dealing with difficult colleagues like this, but I don't know what it is. I have no problem identifying the numerous areas where I can work with GPs, but I need help developing the personal relationships that will make it all possible.

DIY leaflets are a false economy

The principle that prevention is better than cure is a difficult one for many patients, but PCTs should have come to terms with it by now. Our PCT needs reminding that short-term expenditure can reap long-term gains and that health promotion is a proven worthwhile investment.

This PCT's latest ruse, in the name of cutting waste and saving money, has been to print health promotion leaflets

on its black and white laser printer. If I need any more I simply photocopy the last of the five that I've been sent.

These leaflets look cheap and tatty and are attracting no-one's attention from my health promotion rack.

If patients aren't tempted to pick up the leaflets they may as well not be there at all and, if it's going to be so penny pinching, the PCT should simply forget the whole idea.



Living in self-testing times

Nine years' education and training to become a GP? Forget it, now a web-based kit of three easy payments and bingo, you can sign a prescription with complete confidence. Rubbish? Do only doctors know best? Well only if they listen to what patients want, according to a well attended Working in Partnership Programme selfcare conference, held appropriately at the Royal College of Obstetricians & Gynaecologists, which once had its own problems with pregnancy self testing. It came to one major conclusion: when it comes to diagnosis and management, patients' voices and ability to self test come low on the list of priorities. So in the spirit of adventure I tried some pharmacy self testing kits forming a future series called "Get yer Kit out".

A good example was an amazingly cheap upper arm BP checker (£9.99) from one leading pharmacy chain. With all the

If ever there was a chance to improve the scandalous delay in diagnosing and treating hypertension this has to be it

cynicism I could muster I wrapped the cuff around my arm and inflated myself. Yes, amputation did cross my mind as the pressure continued to soar, but checking with my own much more expensive machine gave an amazingly close readout. My 13-year-old son performed the test with similar results. Paddy, my aging dog, was less proficient but appeared to enjoy the attention.

Now, hypertension is linked to, among other things, acute aortic aneurisms, which kill around 6,000 men each year in the UK. If ever there was a chance to improve the scandalous delay in diagnosing and treating hypertension this has to be it. Linked with an awareness campaign incorporating safety against making the worried more worried, 10 quid per aged person makes sense. Ignorance is bliss, plops out all over Northern Ireland.

Pharmacy Champions



Name
Hatul Shah

Pharmacy
Carter Chemist, Northwood, Middlesex

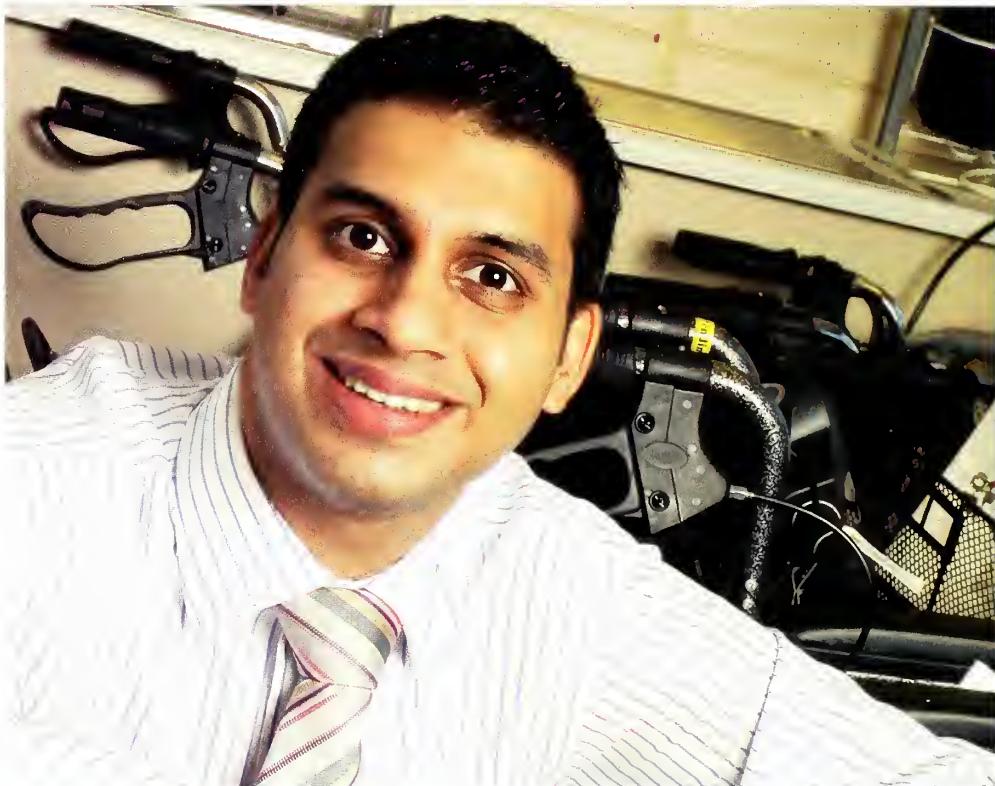
What has he done?

From a double-fronted shop, he runs a community pharmacy in addition to hiring and selling mobility aids

What have you set up?

When I purchased Carter Chemist & Ability in 2003, the business already stocked mobility aids, but this side of the business was not promoted or known to the public. As it was barely breaking even, I monitored customer requests, noting growing demand for any products. We then increased our range to make the shop look well-stocked and make this part of the business more appealing.

As many mobility lines are expensive and not readily available, we decided to supply wheelchairs.



NEW

BEECHAMS ALL-IN-ONE LIQUID POCKET PACKS

ALL-IN-ONE COLD RELIEF WHEN THEY'RE ON THE GO.

Beechams All-In-One Liquid Pocket Packs. Product Information. Presentation: One 20 ml sachet contains paracetamol 500 mg, guaiifenesin 200 mg, phenylephrine hydrochloride 10 mg. **Uses:** Short-term relief of colds, flu-like and influenza including chesty cough. **Dosage and administration:** Adults and children 12 years and over: One 20 ml sachet every 4 hours as necessary up to 4 doses in 24 hours. Children under 12 years: On medical advice only. **Contraindications:** Known hypersensitivity to ingredients, hepatic or severe renal impairment, hypertension, hyperthyroidism, diabetes, heart disease, lactose intolerance. Patients taking tricyclic antidepressants, beta blockers or MAOIs. **Precautions:** Avoid use with alcohol, other cold medications or decongestant or paracetamol-containing preparations. Caution required in patients taking warfarin or other coumarins, domperidone, metoclopramide and colestyramine. Avoid in pregnancy and lactation unless advised by a doctor. **Side effects:** Usually well tolerated in normal use. Occasional reports of skin rash and other allergies; rare reports of blood dyscrasias and acute pancreatitis; gastrointestinal upset, high blood pressure, headache, dizziness, vomiting, diarrhoea, insomnia and palpitations. **Overdosage:** Immediate medical advice should be sought in the event of an overdose even if no patient feels unwell because of the risk of delayed serious liver damage. **Legal Category:** GSL. **Product licence numbers:** Beechams All-in-One Liquid Pocket Packs: PL 00079/0405. **Product licence holder:** GlaxoSmithKline Consumer Healthcare, Brentford, TW8 9GS, UK. **Package quantity and RRP:** 2 sachets £1.99, 6 sachets £4.99. **Date of preparation:** July 2006. Beechams is a trademark of the GlaxoSmithKline group of companies.

This has proved very successful and we now hire out on average five per week.

However, I still felt patients weren't coming in for the core lines. The location of the shop on a quiet street with not much passing trade, no parking and inconvenient access from the station did not help.

I therefore decided to advertise the mobility aids service in phone books, on websites, and in mobility help centres, post offices, hospitals, specialist therapy centres and surgeries within a 10-mile radius. There was an immediate response from people as far afield as Hemel Hempstead and by word of mouth from South London.

With the help of a local pharmaceutical wholesaler, I then started supplying pharmacies around England with mobility products. When demand grew too difficult to cope with, we moved the operation to the wholesaler's site and started to procure our own products in bulk with the aim of giving pharmacies a better margin.

The firm was branded Sigmobility, which hires and sells mobility aids exclusively to pharmacists with same or next-day free delivery.

Sigmobility's buying power has allowed us to increase our stockholding at Carter Ability and get products very quickly.

In addition to wheelchairs we also hire out scooters, commodes, walkers, crutches, nebulisers and breast pumps and have a catalogue containing more than 400 lines.

What have been the benefits?

It has increased footfall into the pharmacy and made social services, district nurses, doctors and



Has setting up the service given you greater job satisfaction?

I've learnt so much about mobility aids and running a business since 2003. The satisfaction I get from the ongoing challenge and learning new concepts has kept my fire burning for pharmacy. With the industry in an unstable era, I feel retailers have to broaden their outlook and take a risk in new ventures or they will be left behind. I was lucky to have the mobility business at my feet when I bought the shop and I've embraced the challenge.

the PCT aware of the mobility service, which I believe is unique. In turn it has increased my prescription business by 2,000 items. Moreover, turnover in the mobility shop has more than doubled.

We have since also set up Sigcare, which operates from Carter Chemist and dispenses care home medication on a large scale.

What difficulties have you faced?

My only problem, which in a sense is a good one, is that demand is so great that I am very short of space. I am thinking about refitting the shop and possibly moving mobility into the chemist area.

Nominate your Pharmacy Champion:
Telephone 01732 377688
or email chemdrug@cmpmedica.com

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6 LIQUID SACHETS

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Clinical news

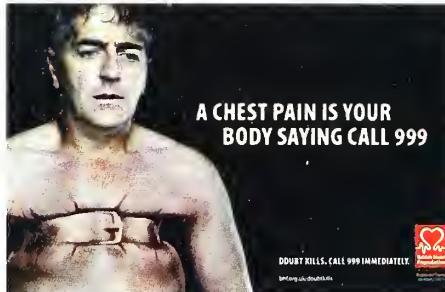
Heart failure patients don't understand their medicines

Many patients with heart failure do not understand their condition or the medications they are taking, say UK researchers who carried out a series of interviews.

The interviews with 37 patients with heart failure found that all groups understood their medication was important and had developed methods to cope with complicated dosing regimes. However, many were unsure about what having heart failure meant, and the researchers discovered 40 per cent of patients did not know the purpose or possible side effects of their medicine.

Several participants on 15 or more pills a day could not identify what they were for.

Medication reviews should be used to monitor and encourage patients' familiarity with medicine and understanding of their condition, the team from the University of Oxford concluded. In addition, patients would benefit from better labelling of drugs, written



The British Heart Foundation's Doubt Kills campaign is aimed at the 40 per cent of people in the UK who would 'wait and see' if they experienced heart attack symptoms, rather than call an ambulance. The BHF is urging people to ring 999 without delay

instructions on their purpose and use, and daily dispensing systems.

For more information:

Family Practice, 2006; 23: 624-30

Alzheimer's decision faces challenge

Pfizer and Eisai are threatening to ask for a judicial review of Nice recommendations on drug treatments for Alzheimer's disease.

The Nice recommendations say patients with mild disease should not be prescribed the companies' drug treatments because they do not make enough of a difference.

Interested pressure groups including the Alzheimer's Society have mounted a vigorous

campaign, arguing the decision is flawed because Nice did not take into account benefits to carers.

If the review goes ahead, it will be the first court challenge to be mounted on a Nice decision.

- Nice is expected to issue a new set of guidelines on all aspects of dementia care this week.

Homoeopathic and herbal scripts rise

NHS use of homoeopathic and herbal medicines is more common than people realise, say the authors of a large study that found almost two-thirds of general practices in Scotland prescribe the treatments.

Prescribing data from 1.9 million patients in 323 general practices were analysed for evidence of homoeopathic and herbal medicine use in 2003-04.

Almost half of the practices and around 12 per cent of GPs were found to prescribe

homoeopathic medicine, and 32 per cent of practices prescribed herbal medicines.

Worryingly, 4 per cent of patients prescribed an oral herbal medicine were also concomitantly prescribed a conventional medicine for which there are known interactions.

For more information:

British Journal of Clinical Pharmacology, 2006; 62: 647-52

Medication reviews boost adherence

Pharmacists can have a significant impact on medication adherence and persistence in patients with cardiovascular disease as well as achieving meaningful reductions in blood pressure, results from a pharmacy care programme show.

A US-based randomised controlled trial of elderly patients who were taking at least four

chronic medications reported that regular medication reviews with a pharmacist increased adherence from 61.2 per cent to 96.9 per cent.

For more information:

JAMA early online November 13, 2006

In brief

The Gyno-Pevaryl 150 CombiPack containing econazole vaginal pessaries and Gyno-Pevaryl cream for treating fungi and yeast infections has been discontinued. However, the treatments continue to be available separately.

Pfizer's smoking cessation drug, varenicline (Champix), will be available from December. The drug is used by adults one to two weeks before they plan to quit smoking.

The special reporting directive (black triangle status) for Revaxis adsorbed diphtheria, tetanus and poliomyelitis vaccine is no longer required by the MHRA.

Pioglitazone slows the progression of atherosclerosis in patients with type 2 diabetes compared with glimepiride, an 18-month study has shown. JAMA early online November 13, 2006

Supply of the Ovranette (ethinylestradiol with levonorgestrel) contraceptive pill has been disrupted by short-term production difficulties. Updated information about this issue is available at the manufacturer's website www.wyeth.co.uk

Antipsychotics link to pneumonia

Use of antipsychotic drugs in elderly patients is associated with an increased risk of pneumonia, say Dutch researchers.

The risk is particularly high just after initiating treatment, a case-control study of 2,700 patients presented at the Dutch Society of Clinical Pharmacology and Biopharmacy showed.

Analysis of data from drug-dispensing records of community pharmacies and hospital discharge records showed a twofold increased risk of pneumonia with current use of antipsychotic drugs and a fourfold increased risk in the first week of using the drugs.

The risk of pneumonia seemed to be greater in patients on atypical antipsychotics (2.8 times increased risk) than those on conventional antipsychotics (1.6 times increased risk).

Also, the association was still apparent when researchers took into account current prescriptions for antibiotics.

The findings support previous research that showed an increased risk of death in patients treated with atypical antipsychotic drugs for dementia compared with placebo.

For more information:

British Journal of Clinical Pharmacology 2006; 62; 727



Fast, powerful

with reassurance as standard



As a healthcare professional you want to steer parents in the right direction when you recommend an ibuprofen for their children. Calprofen not only works in 15 minutes to reduce

Ibuprofen
Powerful Relief
of Aches, Pain & Fever



Strawberry Flavour

fever and lasts for up to 8 hours, it also provides a little added extra – the reassurance that parents are looking for. Give them Calprofen, ibuprofen from the makers of Calpol. Now that's a relief.

Contains ibuprofen

Ibuprofen for kids. Peace of mind for parents.

Calprofen Product Information: **Presentation:** Suspension containing 100mg Ibuprofen per 5ml. **Uses:** Treatment of mild to moderate pain and as an antipyretic and post-immunisation pyrexia. **Dosage:** Infants 3-6 months: One 2.5 ml dose may be taken 3 times in 24 hours; Infants 6-12 months: 2.5ml three times a day; Children 1-2 years: 2.5ml three to four times a day; Children 3-7 years: 5ml three to four times a day; Children 8-12 years: 10ml three to four times a day. Post-immunisation fever: 2.5ml (50mg) followed by another 2.5ml (50mg) dose six hours later if necessary. No more than 2 doses in 24 hours. Not recommended for children weighing less than 5kg. **Contraindications:** Hypersensitivity. History of peptic ulceration. Individuals in whom Ibuprofen, aspirin or other non-steroidal anti-inflammatory drugs induce asthma, rhinitis or urticaria. **Precautions:** Hepatic or renal dysfunction, heart failure. Individuals with coagulation defects or receiving anticoagulant therapy. Caution in bronchial asthma or allergic

disease. Care should be taken with antihypertensives including diuretics, cardiac glycosides, lithium, methotrexate, cyclosporine, mifepristone, other analgesics, corticosteroids, anticoagulants, quinolone antibiotics and zidovudine.

Pregnancy and lactation: Not recommended. **Side effects:** GI disturbances, occasionally gastric ulcers and bleeding, hypersensitivity reactions and oedema. Other reactions that haven't necessarily been related to drug use have included renal and liver problems, neurological and sensory disturbance, haematological disorders and jaundice.

RRP (ex-VAT): 200ml bottle £4.84, 100ml £2.97 **Legal category:** 200ml P, 100ml G5. **PL holder:** 200ml: Pinewood Laboratories Limited, Ballymacarbry, Clonmel, Co Tipperary, Ireland. **PL number:** 1497.

PL holder: 100ml: Pfizer Consumer Healthcare, Walton-on-the-Hill, KT20 7NS. **PL number:** 15513. **Date of preparation:** September 2006.

At 2 months, trust is everything



Trusted by healthcare professionals and parents alike, Calpol Infant Suspension (paracetamol) is licensed to treat pain and fever in babies from just 2 months. No other children's medicine is licensed in children this young – but then



Contains paracetamol

no other children's medicine is backed by 40 years of gentle, effective relief. Now, Calpol lets parents treat even earlier when it comes to infant pain and fever. Simply make the most reassuring recommendation you can.

Calpol Infant and Sugar-free Infant Suspension Product Information:

Presentation: Suspension containing 120mg Paracetamol per 5ml. **Uses:** Treatment of mild to moderate pain and as an antipyretic. **Dosage:** Children 1 to under 6 years: 5–10ml. Repeat dose every 4 hours if necessary, up to a max of 4 doses in 24 hours. Children 3 months to under 1 year: 2.5–5ml; Repeat dose every 4 hours if necessary, up to a max of 4 doses in 24 hours. Infants 2–3 months: Post-vaccination fever at 2 months: 2.5ml and a second dose, if necessary, after 4–6 hours. Treatment of mild to moderate pain and as an antipyretic (Infants over 4kg, not born before 37 weeks): 2.5ml and a second dose, if necessary, 4–6 hours later. **Contraindications:** Hypersensitivity. **Precautions:** Caution in severe hepatic or renal impairment. Interactions with domperidone, alcohol, metoclopramide,

colestiprolamine, onthocouguolants, anticonvulsants and oral contraceptives. Do not give with other paracetamol-containing products. **Pregnancy and lactation:** Consult doctor before use. **Side effects:** Rare: Hypersensitivity including skin rash, blood dyscrasias. Hepatic necrosis and papillary necrosis have been reported following prolonged use. See SPC for further details. **RRP (ex-VAT):** 100ml bottle: £2.30; 200ml bottle: £3.79; 12 x 5ml sachets: £2.71; 20 x 5ml sachets (original only): £4.36. **Legal category:** P. **100ml bottle:** GSL; **Sachets:** GSL. **PL holder:** Pfizer Consumer Healthcare, Walton-on-the-Hill, KT20 7NS. **PL numbers:** Infant suspension: 100ml bottle: 15513/0122; 200ml bottle, sachet: 15513/0004, Sugar-free Infant Suspension: 100ml bottle: 15513/0123, 200ml bottle, sachet: 15513/0006. **Date of preparation:** September 2006

C+D clinical

Is difficult-to-treat asthma really difficult to treat?

The author argues that other factors should be considered before increasing medication

Mark Greener

'Premature closure' – not considering other possibilities after reaching a plausible, but not definitive, conclusion – appears to be common and could be one reason why so many patients seem to suffer from difficult asthma.¹

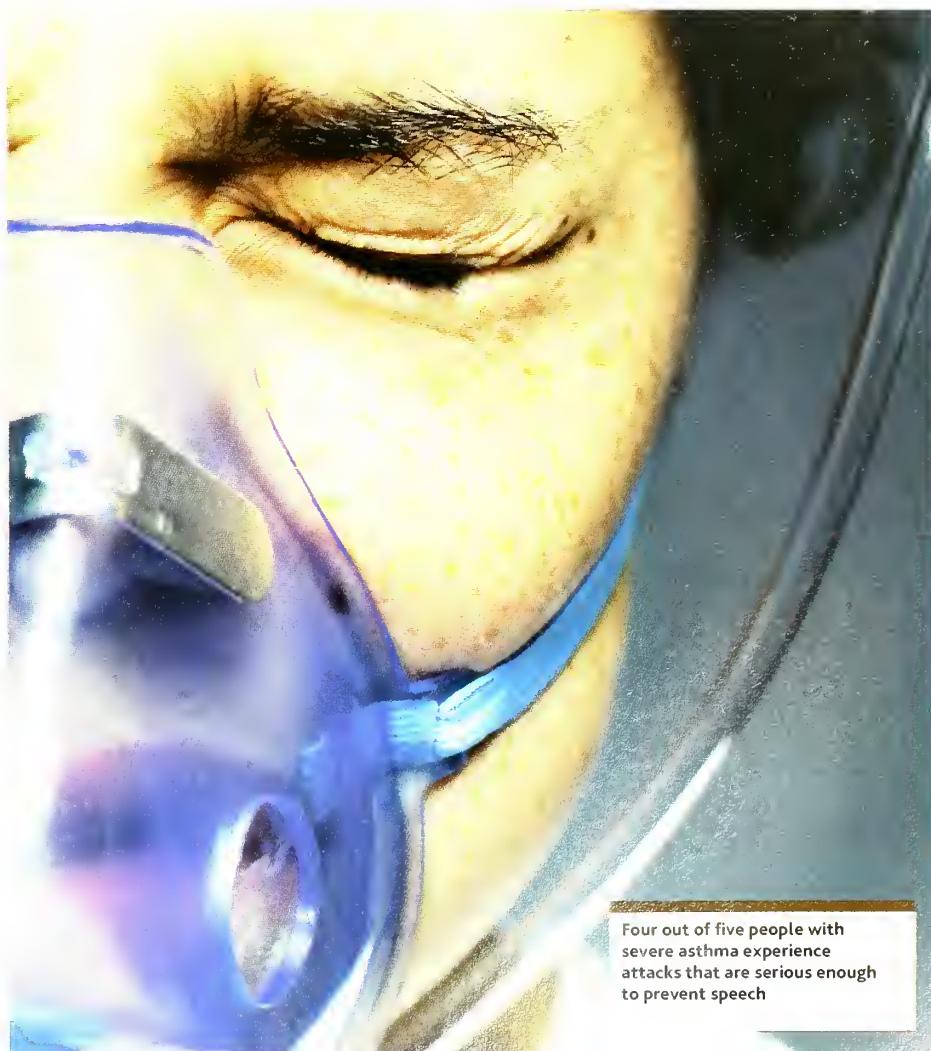
The clinician diagnoses asthma and, rightly, follows the British Thoracic Society/Scottish Intercollegiate Network British Guideline. Yet just 5 per cent and 6 per cent of adults and children respectively meet all the criteria for asthma control.² When a patient presents with symptoms and lifestyle restrictions, the natural response is to move a step up. In many cases, clinicians don't first consider whether other factors could contribute to management problems, but if they hadn't 'closed prematurely', some supposedly difficult-to-treat cases might not pose such a problem after all.

A common problem

There is currently no consensus about the characteristics of difficult-to-treat asthma. Some patients endure severe asthma, while others have mild symptoms punctuated by severe acute exacerbations.³ Furthermore, numerous factors contribute to asthma cases that, at first sight, do not show the marked improvement expected from high-dose inhaled corticosteroids (ICS). So how common is difficult asthma?

Asthma UK interviewed 500 people at the severe end of the asthma spectrum for the report 'Living on a Knife Edge'. The findings make sobering reading, for example:

- Four out of five experienced asthma attacks severe enough to prevent speech. For a third, these attacks occurred at least once a month, while in 10 per cent the attacks occurred more than once a week.
- A quarter said that asthma prevented them going out with friends. Patients cited feeling ill and concerns about encountering triggers as the most common factors inhibiting their social life.
- Eleven per cent and 70 per cent experienced sleep disturbances at least once a week or



Four out of five people with severe asthma experience attacks that are serious enough to prevent speech

once a month respectively.

- A fifth reported being seriously worried that the next attack would prove fatal.

Other studies paint an equally bleak picture. The AIRE² telephone survey of just over 2,800 patients in seven European countries (including the UK) reported that 46 per cent and 30 per cent experienced daytime symptoms and asthma-related sleep disturbances respectively at least once a week. Over the year before the survey, one in 10 reported at least one emergency visit. The Department of Health

emphasises the importance of "analysing and understanding local health needs; planning, designing and securing services to meet those needs".⁴ Clearly, for many patients, management falls well short of meeting this ideal.



This article is the focus of the
C1b and C2d issues
www.thegmc.org.uk

Pharmacy update

Factors to consider first

Many potentially modifiable factors can make a patient appear to suffer from difficult-to-treat asthma, but unless you ask, you won't discover them or even that there's a problem. Patients tend to underplay symptoms, and few volunteer the non-medical factors that may potentially influence control.⁵ AIRE found that half of patients suffering severe persistent symptoms considered that their asthma was completely or well controlled. In other cases, asthma may be under-treated or misdiagnosed. Against this background, community pharmacists should consider the following issues before recommending a move to the next step on the guidelines:

- Make sure the dose of ICS is appropriate to the symptom severity. AIRE suggested ICS were underused (see Table 1, above right) even in severe asthma, leaving some patients "dangerously under-treated". In another study, 48 per cent of patients with asthma took ICS.³ Despite this, 74 per cent and 64 per cent woke at least once a week and three times weekly or more respectively because of asthma. Nocturnal asthma is a hallmark of poor control.
- Emphasise the importance of adherence at each opportunity, even if the patient is experienced. In one study, fewer than one in six parents collected sufficient prescriptions to offer regular prophylactic therapy.⁶ Overall, only about 40 per cent of patients complied with their medication over five weeks; half underused and one-tenth overused their drugs. Compliance declined during extended follow-up from 51 per cent during the first week to 30 per cent after 10 weeks.⁴
- Check patients' inhaler technique. A third of patients showed poor technique.⁷ Fewer than one in five patients showed excellent technique, but multimedia and patient information leaflets improved technique in 44 per cent and 19 per cent of patients respectively. In another study, only 21 per cent performed correctly all seven steps involved in using a metered dose inhaler.⁸
- Consider whether the patient suffers from one of the many differential diagnoses,

Table 1: Use of inhaled corticosteroids in children and adults according to symptom severity²:

Symptom profile	Children	Adults
Severe persistent asthma	25.8 per cent	25.4 per cent
Moderate persistent asthma	32.7 per cent	22.7 per cent
Mild persistent asthma	33.5 per cent	27.6 per cent

including COPD, bronchiectasis and congestive heart failure. To a non-specialist ear, stridor, especially biphasic, can sound similar to wheeze. Persistent isolated cough, once classified as a subtype of asthma, responds poorly to ICS.⁶ A referral to a specialist may be the only way to resolve some diagnostic conundrums.

- Manage associated atopic diseases. Rhinitis and asthma co-exist in 75 to 80 per cent of patients. Immunologically, the respiratory tract is a single organ, which means that treating rhinitis may improve asthma.³
- Gastro-oesophageal reflux disease can exacerbate or trigger asthma symptoms. Proton pump inhibitors may help some people, although the size of any symptomatic improvement is poorly quantified in formal studies.³
- Consider psychological factors. For example, between 6 to 30 per cent of asthma patients suffer from panic disorder. Indeed, panic disorder is some four times higher among asthma patients than in controls. Such patients may overuse ICS and bronchodilators as well as making more frequent hospitalisations irrespective of lung function.³
- Some parents may manipulate a child's asthma for financial gain, although as one review remarks, this problem is "often discussed but never studied". Parents may withhold treatment from a child or exaggerate symptoms to obtain disability allowances. This is, obviously, a difficult issue to tackle.⁶
- The home environment and socioeconomic factors might contribute to poor control, despite best medical practice. For example, people with severe asthma who reported

having lung function tests were 8.2 and 11.5 times more likely to die if they had family and financial problems respectively than those without psychosocial issues. Alcohol abuse increased mortality (odds ratios 5.4 and 4.4 respectively) in patients with written or verbal instructions about managing asthma.⁹ A home visit from a nurse or health visitor might identify factors, such as aeroallergens and passive smoke, that could contribute to the symptoms.⁶

- Pharmacists could suggest that adults contact their health and safety manager or union rep to rule out occupational allergens and triggers, which cause between 9 to 15 per cent of asthma cases.³ Allergen reduction and avoidance may help control symptoms.
- Pharmacists should counsel asthma patients to quit smoking and support them as they overcome their addiction. Smoking increases the annual decline in FEV₁ among people with asthma by 10ml. In contrast, ICS for 10 years slows the FEV₁ decline by 23ml per year compared with adults not using steroids.¹⁰

Such problems commonly cause asthma that seems difficult to treat. Non-adherence and concurrent conditions may account for a third to a half of symptoms among people who respond poorly to ICS alone.¹¹ In many cases, more than one factor contributes to the problem. In a study of 100 patients:

- 12 per cent of those with difficult asthma had alternative diagnoses.
- 7 per cent had additional diagnoses.
- Further investigations confirmed only 55 per cent of asthma diagnoses.
- Over half had rhinosinusitis or nasal polyps.
- 30 per cent showed psychiatric issues.
- Half did not adhere fully to oral corticosteroids.³

True steroid resistance

Clearly, the community team needs to work together to eliminate these manageable factors before concluding that asthma really is difficult to treat. Nevertheless, a few asthma patients (fewer than 5 per cent) still respond poorly to corticosteroids. There seems to be a spectrum of steroid responsiveness: at one end patients show total resistance even to oral steroids, while at the other end some show an especially marked response.¹² A short-term trial of depot steroid can help differentiate true steroid resistance from non-adherence.

So why does steroid resistance emerge? The anti-inflammatory actions occur after the steroid binds to a cytosolic receptor that migrates to the nucleus. Here, the steroid-

Are LABAs safe?

Several studies question the safety of long-acting beta₂-agonists (LABAs). For example, a recent meta-analysis suggested the LABAs might increase the risk of exacerbations requiring hospitalisation or that threatened life 2.6 and 1.8 fold respectively. The risk of asthma-related death increased 3.5 fold. The authors estimated the absolute excess mortality associated with LABAs as one death per 1,000 patient years.¹³

Others argue that LABAs are safe and effective when used with ICS. Meta-analyses have found that the combination improved symptoms and reduced the use of rescue medication. Supporters point to evidence that the combination may offer "enhanced anti-inflammatory action" compared with the same dose of ICS. The reduction in exacerbation rate produced by the combination may also offer indirect evidence of an enhanced anti-inflammatory action. And they postulate mechanisms: the LABA may increase the translocation of the steroid-receptor complex to the nucleus. Supporters tend to argue that a failure to recognise worsening asthma, rather than direct toxicity, may account for the excess deaths and exacerbations.¹⁶

Both sides of this argument have strengths and weaknesses. Until definitive studies resolve whether LABAs have direct toxic actions, following the management principles outlined above will ensure that only those patients who need LABAs receive them.

Coughing is usually a symptom of an underlying disorder, such as an upper respiratory tract infection (common cold), and in most cases is self-limiting. It is a protective reflex action caused when the airway is being irritated or obstructed. Its purpose is to clear the airway so that breathing can continue normally¹.

However, it may be indicative more a serious condition such as asthma or gastro-oesophageal reflux disease. Dry cough is also a side effect of some prescription drugs such as ACE inhibitors.

Coughs are generally categorised into three types:

- **Dry – irritating and non-productive**
- **Chesty but non-productive or tight, possibly with wheezing**
- **Productive – chesty or loose, with production of mucus**

A cough may progress from one sort to the other as the underlying condition resolves. At the outset of a common cold, where the back of the throat may be irritated by post-nasal drip, the cough may be dry and unproductive. As the cold develops and over-secretion of sputum starts to obstruct the airways, it may become productive.

The cough product you might choose to recommend depends on the type of cough the patient presents with. All cough products act to relieve symptoms, rather than resolve the underlying cause of the cough. Active ingredients fall into four groups, which have remained unchanged for a number of years.

- **Suppressants – used for dry cough**
- **Expectorants – used with chesty productive cough**
- **Demulcents – used with any cough to relieve throat irritation**
- **Decongestants – usually used in combination with:**
 - **Suppressants for non-productive cough with congestion**
 - **Expectorants to manage productive cough.**

Many proprietary products contain a combination of ingredients, not all of which are pharmacologically rational. The clinical evidence to support their use is not strong, and the BNF is sceptical of the value of expectorants in particular². However, many patients find a cough suppressant helpful, since dry cough can be exhausting and disturb sleep, and the placebo effect of an expectorant should never be underestimated.

Suppressants

Codeine – Adults: 15-30mg three to four times daily. Children (not generally recommended) 5-12 years 7.5mg-15mg. Even at OTC doses can cause constipation, and at high doses respiratory depression, hence use with caution in asthmatic patients. Risk of abuse. Can cause drowsiness.

Pholcodine – Adults 5-10mg three to four times daily. Can be given to children over 2 years at a dose of 5mg (not generally recommended). Fewer side effects than codeine and less likelihood of abuse. Can cause drowsiness.

Dextromethorphan – Adults 10-20mg every four hours. Can be given to children 2-6 years 2.5m-5mg to a maximum of 30mg in 24 hours. Children 6-12 years at 5-15mg up to a maximum of 60mg in 24 hours. Generally non-sedating and with few side effects.

Expectorants

Guaiifenesin – In adults the dose required for expectoration is 100-200mg three times a day. Some OTC preparations contain sub-therapeutic doses.

Ipecacuanha and ammonium salts – traditionally used in formulary mixtures (Ammonia and Ipecacuanha Mixture BP is still prescribable). Ammonium chloride can cause vomiting and acidosis, and tastes vile, which limits its use.

Demulcents

Glycerol, liquid glucose, syrup – coat the back of the pharynx with the aim of providing relief from the irritation that provokes the cough reflex. Pharmacologically inert so can be safely taken by anyone (caution in diabetics due to sugar content). Simple Linctus is prescribable.

Decongestants

Pseudephedrine – Adults 60mg up to four times a day. Children 2-6 years 15mg, 6-12 years 30mg. Sympathomimetic that constricts smooth muscle and blood vessels (shrinking swollen mucosae), and producing bronchodilatation. Avoid in patients with cardiovascular conditions, glaucoma, diabetes and hyperthyroidism. CNS stimulant so do not take before bedtime.

Treatment points

● **Do not treat a productive cough with suppressants** as this will encourage pooling of mucus in the airways, leading to a higher chance of secondary infection.

● **Diabetic patients may prefer a sugar-free product**, even though control of blood glucose levels is often upset during an infection and the additional sugar in a cough mixture is not thought to be a major problem.

● **Antihistamines (diphenhydramine, triprolidine, promethazine)** are often included in combination with other compounds, often at the lower end of their therapeutic range. Used in combination with a suppressant they can help dry up secretions. When taken at night the sedative side effect can aid sleep.

● **Smoking will cause coughing** since it irritates the

The Common Cold

Coughs and colds frequently come together, with the cold causing the throat irritation and congestion that leads to cough. Colds are viral in origin and can affect most parts of the upper respiratory tract. The illness will last for between seven and 14 days and is self-limiting. Symptoms can be complex and can include:

- Runny or blocked nose
- Sneezing
- Raised temperature

The throat may also become inflamed, causing soreness and possibly a dry cough. It may also become irritated by mucus dripping down from the nose into the bronchus (post-nasal drip).

Earache is a common complication of a cold, especially in children, and results from blockage of the eustachian tube, which joins the middle ear to the back of the throat. The consequence is an uncomfortable deafness that cannot be cleared by swallowing, but which will often spontaneously resolve. Occasionally a secondary infection will take hold and the ear will become painful and tender. This condition is called otitis media and will need referring to a GP who will usually prescribe antibiotics.

Facial pain or forehead headache may indicate that the sinuses, which become inflamed along with the nasal mucosa during a cold, are no longer draining effectively into the nasal cavity. If the build up of fluid in the sinuses becomes infected then a persistent pain in the sinus area results.

Treatment of colds is directed at symptom relief and compound formulations are popular. Oral products are likely to contain a combination of two or more of:

- Antihistamine
- Sympathomimetic decongestant
- Cough suppressant
- Analgesic.

References:

1. Symptoms in Pharmacy - A Guide to the Management of Common Illness. 4th Ed. Alison Blenkinsopp & Paul Paxton. Blackwell Science. 2. BNF March 2006



THE MELTUS RANGE - why it should be your first choice

- Meltus Adult Chesty Cough (with catarrh) is the strongest cough liquid you can take without prescription. There is nothing stronger available over the counter if your customer has a chesty cough.
- Meltus will be on TV from December to January, the key winter period, when your customers are most likely to suffer from colds and flu. Your customers will want and recognise Meltus as they will have seen it on TV, with a spend double that of 2005.
- The Meltus range is featuring in a Pharmasite campaign until December, and will be on Pharmacy Channel in January 2007.
- The Meltus range of products offers effective cough relief for the whole family with a comprehensive Baby (from 3 months), Junior and Adult range, with formulae based on the ingredients of choice.
- The whole Meltus range is fast-acting and non-drowsy. With sugar free and colour free variants for adults and children it is also ideal for your diabetic customers.

From Meltus – offering effective relief for the whole family.

INDICATIONS FOR CHESTY COUGHS AND CATARRH ESSENTIAL INFORMATION. **Presentation:** Oral liquid. Each 5ml contains 100mg Guaiaphenesin, 2.5mg Cetylpyridinium Chloride, 1.75g Sucrose, 0.5g Purified Honey. **Indications:** For the symptomatic relief of coughs and catarrh associated with influenza, colds and mild throat infections. **Dosage and Administration:** Adults and Children aged 12 years and over, one or two 5ml spoonfuls to be taken and swallowed slowly every three or four hours. Not recommended for children under 12 years. **Contraindications,**

Warnings, etc: Contraindications: None known. Warnings: Not suitable for children under 12 years. Very large doses can cause nausea and vomiting. Gastro-intestinal discomfort has been reported. Use in pregnancy and lactation: No known contraindications. Side effects: None known. **Legal Category:** GSL. **Packs:** 100ml and 200ml. RRP: 100ml £3.39, 200ml £4.89. **P.L. Number:** 0338/5026R. **P.L. Holder:** Cupal Limited, Tubiton House, Oldham OL1 3HS. **Date of preparation:** October 2003.

lungs. Chronic cough is common among smokers. If a smoker is persuaded to stop, his/her cough may initially worsen as the lungs start to clear.

Questioning your customer

To provide best advice a good patient history is required. The minimum you need to know is:

- Age of sufferer?
- How long has cough lasted?
- What kind of cough is it (dry, productive)?
- For productive cough, what kind of mucus is being coughed up?
- Any associated symptoms (cold, sore throat, chest pain, wheeze, shortness of breath)?
- Pre-existing medical conditions (asthma, heart disease, GORD?)
- Other medication being taken?
- Does customer smoke?

When to refer:

Some cases of cough will require referral to a doctor.

Be alert for:

- Coughs that have lasted for two weeks or more and are not improving
- Chronic cough with blood present in the mucus. If linked with fever, this may indicate TB
- A recurrent nocturnal cough that may be indicate asthma
- Persistent coughing with shortness of breath or wheezing, since this can be a symptom of heart failure
- A productive cough with yellow/green mucus since this suggests an infected bronchitic condition
- Croup, which is a viral infection leading to a harsh barking cough, difficulty in breathing and a noise in the throat on breathing in, should be referred, as should whooping cough, where the bouts of coughing are so severe that normal breathing is prevented.



Coughs

Coughs

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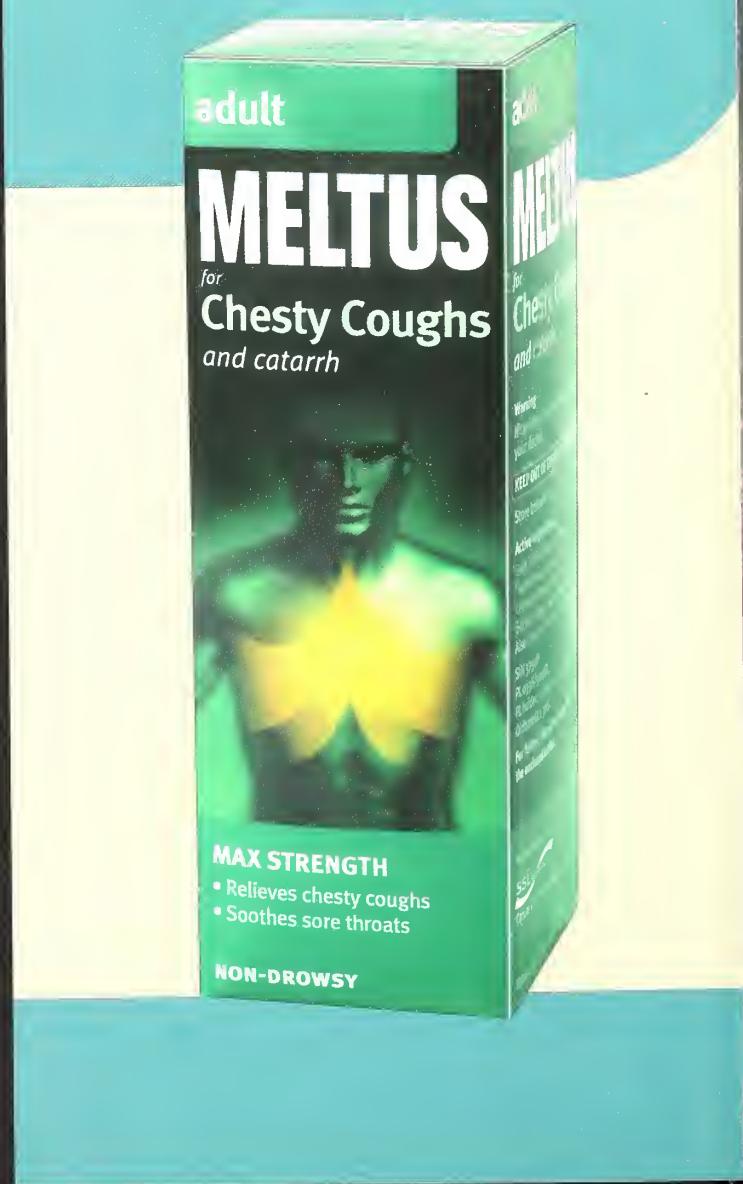
In this C+D guide to COUGHS:

- Choosing the right product for the three types of cough
- Why colds often lead to coughs
- Questions to ask your customers and symptoms to be alert for

C+D GUIDE TO
COUGHS



Coughs



Pharmacy update

receptor complex increases expression of anti-inflammatory proteins and reduces production of inflammatory cytokines.¹³ (It's worth noting that steroids also bind to cell membrane receptors, triggering non-genomic effects¹⁴, some of which seem to contribute to ICS actions).

Against this background, one or more of several mechanisms potentially contribute to corticosteroid resistance:

- Steroid-resistant patients may produce fewer glucocorticoid receptors than those who respond well.
- The receptors may bind the corticosteroid with less affinity than those in responsive patients.
- The receptor-steroid complex may bind less avidly to DNA in resistant patients.
- Steroid resistant patients may produce high

levels of transcription factors linked to inflammatory cytokines. Transcription factors are genomic 'switches' that increase or decrease the expression of the genes they control. Certainly, steroid resistant patients produce a different pattern of cytokines from lymphocytes and other peripheral blood mononuclear cells compared with those who respond.¹²

Currently, the evidence base for patients with inadequately controlled severe persistent asthma treated with ICS and long-acting beta-agonists (LABA) is weak.¹³ Several studies question the safety of LABAs¹⁵, although this is controversial (see box, opposite bottom).¹⁶

The monoclonal antibody omalizumab offers an alternative for asthma that remains poorly controlled despite steroids and attention to the modifiable factors.

Immunoglobulin E (IgE) binds to receptors on the surface of mast cells and basophils, which triggers the release of inflammatory mediators. IgE also binds to lung epithelium, smooth muscle and other structural cells, which may contribute to some aspects of asthma.¹⁷ Omalizumab binds free IgE, reduces levels of receptors on inflammatory cells and halves exacerbation rates even in patients treated with high-dose steroids. Interestingly, omalizumab improves measures of airway obstruction (eg FEV₁) by only between 2 to 5 per cent, which may not be clinically significant. This compares with the 5 to 15 per cent improvement with corticosteroids.¹⁷

The observation that exacerbation frequency can decline dramatically without a marked difference in hyper-reactivity may lead to a more sophisticated understanding of asthma. IgE may induce exacerbations by increasing blood vessel permeability and stimulating mucus secretion rather than by modulating smooth muscle (the latter influences FEV₁).

Many asthma patients do not seem to respond adequately to usual doses of ICS, but clinicians shouldn't assume that treatment has failed without excluding, as far as possible, the plethora of other causes. By considering alternative diagnoses, regarding asthma in an ecological context and optimising therapy, many cases of difficult asthma don't turn out to be so difficult to manage after all.

Mark Greener, a former research pharmacologist, is an award-winning freelance writer and journalist on health-related issues.

See www.dotpharmacy.com for references

Key points

- Just 5 per cent and 6 per cent of adults and children respectively meet all the criteria for asthma control.
- Patients tend to underplay symptoms and don't usually discuss non-medical factors that may influence asthma control.
- ICS may be underused, even in severe asthma, leaving some patients "dangerously under-treated". Pharmacists should emphasise the importance of adherence at each opportunity, even if the patient is experienced.
- Check patients' inhaler technique. Fewer than one in five patients shows excellent technique.
- Consider whether the patient suffers from one of the many differential diagnoses, e.g. manage associated atopic diseases and psychological factors that could exacerbate the symptoms.
- Be aware that environmental, occupational and socioeconomic factors might contribute to poor control, despite optimal therapy.
- Pharmacists should encourage smokers to quit smoking and support them as they overcome their addiction.

Continuing professional development



Reflect

Look through the PMRs of a selection of your patients with asthma. Would you describe them as "difficult to treat"? Do you ever check their inhaler technique, or whether they take their medication as prescribed? Do you ever ask any other of your asthma patients about symptom control?

Plan

If you would like to do more to help patients with difficult-to-treat asthma, this article suggests other factors to consider before stepping up their medication.

Act

- Make sure you can explain how to use inhalers.
- In your practice workbook make a note of patients you have identified as "difficult to treat". Record how their medication has changed over the past year or so. Are there any questions you could ask to identify possible reasons for their poor asthma control, for example:
 - Do they comply with their medication (see point below)?
 - Have you checked their inhaler technique?
 - Have they tried allergen avoidance? Find out more about ways to protect against house dust mites, for example.
 - Do they have rhinitis or indigestion symptoms?
 - Could they have steroid resistance?
- Make a note of the next, say, 10 people presenting prescriptions for asthma treatment (or patients you suspect have difficult-to-treat asthma) and the quantities of medication prescribed. Record the same details and the date when they next present a repeat prescription. Are they under- or over-using their medication? What are you going to do about it?
- The article mentions non-medical and psychological factors that may influence asthma control, and the fact that parents might "manipulate a child's asthma for financial gain". How far should community pharmacists get involved in such issues? Revise the symptoms of COPD, bronchiectasis and congestive heart failure and note how they differ from asthma.

Evaluate

After reading the article and doing the above exercises, do you feel able to offer better advice to patients with severe asthma? If you feel you need to know more, read reference 3 (Strek et al) and a selection of other references on C+D's website.

Clinical news

A Practical Approach...

Hannah, the senior medicines counter assistant in the Update Pharmacy, is serving when her best friend Claire comes in, crying and distraught.

"What on earth's the matter?" asks Hannah. She puts her arm around Claire, takes her into

the consultation area and sits her down.

"You've got to help me, Hannah," Claire says. "I hit Keith last night – for nothing."

"How do you mean 'for nothing'?" Hannah asks.

"It's my PMT. It's getting worse. You know how I get for about 10 days before my period – depressed, angry, flying off the handle for no reason. I'm making life a misery for Keith and the kids, but I can't seem to do anything about it. And last night, for no real reason at all, I lashed out at him."

"Didn't you see your GP?" asks Hannah.

"You know I did. And you know that he hasn't been able to help much – he put me on the Pill, then some other hormone and then antidepressants, but they didn't do anything at all. I'm so desperate, Hannah, I'm willing to try

anything – hypnosis, reflexology, aromatherapy, even psychiatric treatment. Working here, you'll know about these things. Maybe I should have asked you in the first place. Is there something I can buy from you that will help, something herbal maybe?"

"I'll ask Mr Spencer for you. He might be able to suggest something." Hannah replies.

Questions

1. Are there any effective treatments for PMS available over the counter or other approaches that David Spencer could recommend?

CPD This article can help in the following CPD competencies: SP1f, SP1i, G1g, G1h, G1l, G2a, G2e, G2j. See www.tinyurl.com/194zu

A Practical Approach... last week's answers

1. David's advice to Salma was:

- To lock the codeine linctus bottles in the CD cupboard, telling the owner that she wanted to prevent them from being sold by mistake without her supervision. This would probably alert the owner to Salma's suspicions but would prevent him from selling any more while she was working at the pharmacy;
- If she had strong suspicions that unlawful sales had taken place, she should report them

to the Royal Pharmaceutical Society, either direct to the fitness to practise directorate or to the local inspector. The Society would not normally reveal its source of information to pharmacists (in this case the pharmacy's superintendent) or other personnel about whom a report or complaint had been made.

- a) A pharmacist's general responsibilities are made plain in part 2:a of the code of ethics, which states that a pharmacist's prime concern must be for the public's wellbeing and safety.
- b) Part 3:10 of the code deals with the sale of pharmacy medicines, and subsection (e) states

that pharmacists and their staff must be aware of the abuse potential of certain OTC products and should not supply where there is reasonable grounds for suspecting misuse.

Section 4.3.42 is a practice guidance document (available via the Society's website) that alerts pharmacists to medicines liable to abuse, including codeine linctus.

A number of Statutory Committee cases involving codeine linctus have been reported in the pharmaceutical press, and the decisions handed down indicate the seriousness with which the Committee regards unethical sales.



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Calpol Infant and Sugar-free Infant Suspension Product Information:

Presentation: Suspension containing 120mg Paracetamol per 5 ml. **Uses:** Treatment of mild to moderate pain and as an antipyretic. **Legal Category:** 200ml bottle, P, 100ml bottle, GSL, Sachets, GSL. **Further information is available from:** Pfizer Consumer Healthcare, Walton Oaks, Dorking Road, Tadworth, Surrey KT20 7NS. www.calpol.co.uk



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**Ibuprofen for kids.
Peace of mind for parents.**

Calprofen Product Information:

Presentation: Suspension containing 100mg Ibuprofen per 5 ml. **Uses:** Treatment of mild to moderate pain and as an antipyretic. **Legal Category:** 200ml bottle: P; 100ml bottle: GSL. **Further information is available from:** Pfizer Consumer Healthcare, Walton Oaks, Dorking Road, Tadworth, Surrey KT20 7NS. www.calpal.co.uk

Words of wisdom about omega-3s

VeryWise Wisdom-3 is a new VMS range from VeryWise Nutrition. The products are manufactured using a new emulsification process which clinical trials have shown improves the absorption of omega-3s into the bloodstream by up to 150 per cent, says the company. The process also allows additional ingredients such as fruit concentrates and vitamins to be added to take away the odour and oiliness of the fish oil.

The range comprises Omega Wise cod liver oil emulsion and capsules; Brain Wise fruit emulsion of omega-3 for children from two years of age; Brain Wise Plus emulsion containing increased levels of omega-3s, EPA and DHA together with vitamins for healthy teeth, bones, hair, skin and nails, and for energy and vitality; Joint Wise combining glucosamine, chondroitin, vitamins and omega-3 fish oil in a honey and fruit emulsion; and Cardio Wise, combining omega-3 fish oil, plant sterols, folic acid, B12 and E vitamins, and CoQ10 for a healthy heart and circulation.

A £2.5 million marketing campaign includes national press and women's magazine advertising.

Clinova's prepared for bird flu

Clinova has launched a range of products offering protection against bird flu under the brand name Covaflu. It is the first such range to be widely available on the high street, claims the company. Disposable face masks, designed for around eight hours' use depending on conditions, and reusable face masks are available, both said to comply with the World Health Organisation and Health Protection Agency guidelines for the minimisation of risk against the virus. Filters in the reusable mask should be replaced daily, says Clinova.



Price: from £3.45 to £7.95

Product info:

VeryWise Nutrition
Tel: 0800 980 1282
www.wisdom3.co.uk

A family pack provides two adult and two children's masks while a bird flu protector kit – comprising a disposable mask, safety spectacles, disposable gloves and a bag for disposal of the products after use – prevents the virus entering the body via the mouth, nostrils and eyes, claims Clinova.

A marketing campaign involving national press is planned for December and January. Special offers are available for large orders, says Clinova.

Prices and PIP codes:

disposable £6.79, 325-2699; reusable £29.99, 325-2665; filters £4.89, 325-2657; family pack £21.99, 325-2681; kit £12.99, 325-2673

Product info:

Clinova
Tel: 02380 783806
www.clinova.co.uk



Wrap It First targets youth



Wrap It First is launching a range of condoms targeted at 16-24 year olds.

Research carried out by Txtdomz has revealed 49 per cent of sexually active teenagers do not use condoms because they are too embarrassed to buy them. Wrap It First says its range is the first to target young people and the discreet packaging will take the

Price: £2.99/3

condom market in a different direction. Original, extra-strong, easy-fit, ribbed, dotted, secure-fit and extra-long variants are available. All condoms are electronically tested and hermetically sealed.

Product info:

Wrap It First
Tel: 020 8438 0194
www.wrapitfirst.com

Benylin's scientific approach



Television and outdoor advertising to the tune of £8 million is underway for Benylin Cold & Flu Max Strength capsules and sachets. The TV ads will run in prime time slots on channels including ITV, Channel 4 and Five. Outdoor ads are being positioned near major retailers, London Underground stations and alongside roads.

The TV ads aim to explain the science behind the products using a computer animated anatomical

model with the strapline "Nothing is more effective without prescription".

Benylin Sore Throat Honey & Lemon and Redcurrant lozenges and Children's Chesty Coughs Sachets are being discontinued due to range rationalisation, says Pfizer.

Product info:

Pfizer Consumer Healthcare
Tel: 01304 616161

brought back its leopard print microwavable hottie for Christmas which, it says, heats in minutes and stays warm for hours. Hotties Thermal Packs Ltd Tel: 01422 843047 info@hotwaterbottles.net

Busy bees

Lifeplan has been appointed distributor of Spirits' Bee Honey and is currently "substantially" discounting. Price: £4.99 to £6.99. Lifeplan Tel: 01455 556211

Products in brief

The Christmas brush

Oral-B is preparing for the pre-Christmas sales surge in powered toothbrushes with TV advertising this month and next for the Oral-B Triumph and press ads in December for this and the Vitality model. Oral-B; tel: 01932 896000

Animal antics

Following the fashion for animal prints, Hotties Thermal Packs has

Give us our Daily Elements

Radox has extended its offering with the introduction of the Daily Elements range. All variants contain essential minerals said to enrich and work with the skin.

The brand has entered the anti-perspirant deodorant sector with roll-on and aerosol products for men and women. The range also offers deeply cleansing shower cream, revitalising shower scrub, restorative bath soak and enveloping moisture soak.

Supporting the launch, £5 million has been allocated to above the line activity, PR and sampling.

- Radox has teamed up with the British Heart Foundation in a fundraising partnership, to generate a six-figure sum for the charity. On-pack activity will encourage support.

Price: £1.49 to £1.99

Pip code: see C+D Monthly Price List

Product info:

Sara Lee
Tel: 01753 523971

Products in brief

Half price haircare

Braun is running a half price promotion on all its hair stylers. Christmas is a peak time for the sector, with 35 per cent of sales made in November and December (source: GFK December 2005). Braun, tel: 01923 896000

Controlling dust mites

A dust mite controller is available from Drontek. The plug-in device emits acoustic ultrasonic sounds inaudible to humans or pets. The noise interferes with the mites' feeding and reproductive cycles, reducing their numbers and the associated allergens.

Price: £49

Drontek, tel: +353 58 23707

BP monitor fits all

The UA-787 Plus digital blood pressure monitor from A and D Medical features a more variable cuff to make it suitable for all patients, regardless of arm size. It has a 60 reading memory function. Price: £89.99

A and D Medical, tel: 01235 55042

Durex lets world know about good vibrations

Durex is entering new territory with TV advertising for its lubricants and the Play Vibrations penis ring. Ads for the lubricants are scheduled to run until the end of this month with Play Vibrations hitting the screens for the first two weeks of December. Both creatives will be shown after 11pm and are expected to trigger a fourfold increase in demand.

Manufacturer SSL believes independent pharmacists are missing out on consumers' willingness to experiment in the bedroom. Sales of the brand's lubricants through independents do not reflect the market as a whole, says the company. Durex Play variants such as Tingle and Feel are growing the brand's share of the market as consumers look for better sex, reports SSL.

A counter top display unit containing six each of Play Tingle and Play Vibrations is now available offering over 40 per cent POR. It is designed to help independents take advantage of the growing sector and encourage consumers to try pleasure-enhancing products, says SSL.

On the condom front, the company



is targeting 16 to 24-year-olds in the run up to Christmas. A link-up with the Terrence Higgins Trust and Levi's will see a condom given away with each pair of jeans purchased on the weekend of World Aids Day (December 1). Select Flavours have been relaunched and Pleasuremax Warming condoms introduced.

Product info:

SSL International
Tel: 0870 1222689



Products advertised on TV next week

Anusol Cream: GMTV

Bassetts Soft & Chewy Omega 3: GMTV, Sat

Beechams All in One: All areas & Sat except U, CTV, & GMTV

Benylin: All areas & Sat except GMTV

Bisodol: C4, five & Sat

Covonia: five, GMTV & Sat

DulcoEase: GMTV

New Gaviscon Double Action: All areas & Sat

Horlicks: All areas except U, CTV & GMTV

Just For Men: All areas & Sat

Night Nurse: All areas & Sat except U, CTV & GMTV

Numark Max Strength Pharmacy Ibuprofen: GMTV

Numark Flu Strength All in One Liquid: GMTV

Numark Paracetamol Suspension: GMTV

Seven Seas Cod Liver Oil: All areas

Vicks Sinex Decongestant Capsules: All areas & Sat

Vicks First Defence Nasal Spray: All areas & Sat

Vicks First Defence Protective Hand Foam: All areas & Sat

Windsetters: five, GMTV only

Ymea: All areas & Sat except C4, five

PharmaSite for next week: Zovirax – Windows, Meltus – In-store,

Pepto Bismol – Dispensary

Pharmacy channel: Anadin Ultra Double Strength, Eucerin, Dulcolax, British Dental Health Foundation (for Mouth Cancer Awareness week)

A-Anglia, B-Border, C-Central, C4-Channel 4, five-Channel 5, CAR-Carlton, CTV-Channel Islands, G-Granada, GMTV-Breakfast Television, GTV-Grampian, HTV-Wales & West, LWT-London Weekend, M-Meridian, Sat-Satellite, STV-Scotland (central), TT-Tyne Tees, U-Ulster, W-Westcountry, Y-Yorkshire

'Day Nurse Product Information. Presentation:

Clear orange liquid containing per 30 ml Paracetamol 1000 mg, Pseudoephedrine Hydrochloride 60 mg, Pholcodine 10 mg.

Uses: Short term relief of the symptoms of colds and influenza. **Dosage and administration:** Adults and children 12 years and over: 30 ml every 4 hours if needed up to 4 doses in 24 hours. Children 6 to 12 years: 15 ml every 4 hours if needed up to 3 doses in 24 hours. Children under 6 years: On medical advice only.

Contraindications: Known hypersensitivity to ingredients, hyperexcitability, cardiovascular disease, hypertension, diabetes, hyperthyroidism, phaeochromocytoma, closed angle glaucoma, prostatic enlargement, severe liver or kidney disease, chronic bronchitis and bronchiectasis. Patients taking or within two weeks of having taken, MAOIs.

Precautions: Patients with asthma should consult a doctor first. Avoid use with other paracetamol-containing preparations. Do not exceed the stated dose. Do not use for more than 7 days except on medical advice. Not recommended in pregnancy and lactation. May reduce the effect of antihypertensive drugs, and increase the risk of arrhythmias in patients using digoxin. May increase sedative effect of alcohol, barbiturates, hypnotics, narcotics, analgesics, sedatives, tranquilisers. **Side effects:** Rarely nausea, vomiting, diarrhoea or constipation, epigastric pain, headache, tinnitus, irritability, nightmares, anorexia, difficulty in micturition, tachycardia, tremors and skin rashes. Very rarely there have been reports of blood dyscrasias including thrombocytopenia and agranulocytosis, but these were not necessarily causally related to paracetamol.

Overdose: Immediate medical advice should be sought in the event of an overdose, even if the patient feels well, because of the risk of delayed, serious liver damage.

Legal category: P **Product licence number:** PL 00079/0378 **Product licence holder:** GlaxoSmithKline Consumer Healthcare, Brentford, TW8 9GS, U.K. **Package quantity and RSP:** 240 ml £4.99. **Date of last revision:** June 2006. **Day Nurse:** is a trademark of the GlaxoSmithKline group of companies.

'Day Night Nurse Capsules Product Information. Presentation:

Day-Time Capsules: Capsule with opaque yellow body and opaque orange cap containing Paracetamol 500 mg, Pseudoephedrine hydrochloride 30 mg, Pholcodine 5 mg. Night-Time Capsules: Capsule with opaque white body and opaque bright green cap containing Paracetamol 500 mg, Promethazine hydrochloride 10 mg, Dextromethorphan hydrobromide 7.5 mg. **Uses:** Short term relief of the symptoms of colds and influenza during the day or at night.

Dosage and administration: Adults and children 12 years and over: Day-Time Capsules: 2 capsules every 4 hours if needed up to 6 capsules in 24 hours. Night-Time Capsules: 2 capsules just before going to bed. Children under 12 years: Not to be given. **Contraindications:** Known hypersensitivity to ingredients, hyperexcitability, cardiovascular disease, hypertension, diabetes, epilepsy, hyperthyroidism, phaeochromocytoma, closed angle glaucoma, prostatic enlargement, severe liver or kidney disease and in patients with asthma, chronic bronchitis and bronchiectasis. Patients taking, or within two weeks of having taken, MAOIs. **Precautions:** Avoid use with other paracetamol-containing preparations. Do not exceed the stated dose. Do not use for more than 7 days except on medical advice. Not recommended in pregnancy and lactation. May reduce the effect of antihypertensive drugs, and increase the risk of arrhythmias in patients using digoxin. May increase sedative effect of alcohol, barbiturates, hypnotics, narcotics, analgesics, sedatives, tranquilisers. Caution required in patients taking warfarin or other coumarins, domperidone, metoclopramide and colestyramine. This night capsule may cause drowsiness. If affected, do not drive or operate machinery. **Side effects:** May cause headache, vomiting, diarrhoea or constipation, epigastric pain, headache, tinnitus, irritability, nightmares, anorexia, difficulty in micturition, tachycardia, tremors and skin rashes. Drowsiness, dizziness, psychomotor impairment, antimuscarinic effects (such as urinary retention, dry mouth, blurred vision), disorientation, restlessness. There have been very rare reports of blood dyscrasias including thrombocytopenia and agranulocytosis but these were not necessarily causally related to paracetamol. Hypersensitivity reactions including rash and photosensitivity reactions have been reported. **Overdose:** Immediate medical advice should be sought in the event of an overdose, even if the patient feels well, because of the risk of delayed, serious liver damage.

Legal category: P **Product licence number:** 00079/0387. **Product licence holder:** GlaxoSmithKline Consumer Healthcare, Brentford, TW8 9GS, U.K. **Package quantity and RSP:** 24 capsules (18 day-time capsules, 6 night-time capsules), £4.75. **Date of preparation:** June 2006. **Day & Night Nurse:** is a trademark of the GlaxoSmithKline group of companies.

'Night Nurse Product Information. Presentation:

Clear green liquid containing per 20 ml Paracetamol 1000 mg, Promethazine Hydrochloride 20 mg, Dextromethorphan Hydrobromide 15 mg. **Uses:** Night-time relief of the symptoms of colds, chills and influenza. **Dosage and administration:** Adults and children 12 years and over: One 20 ml dose at bedtime. Children under 12 years: On medical advice only. **Contraindications:** Known hypersensitivity to ingredients, hepatic and renal impairment. **Precautions:** Avoid use with cold medications or decongestant or paracetamol-containing preparations. Patients with asthma or other respiratory disorders, epilepsy, glaucoma, urinary retention, prostatic hypertrophy, hepatic impairment or cardiovascular problems should consult a doctor first. May cause drowsiness. If affected, do not drive or operate machinery. Avoid alcoholic drink. Do not exceed the stated dose. Caution required in patients taking warfarin and other coumarins, tricyclic antidepressants, MAOIs, hypnotics, anxiolytics, antimuscimolics, domperidone, metoclopramide and colestyramine. May interfere with immunologic urine pregnancy tests to produce false results. Avoid in pregnancy and lactation unless advised by a doctor. **Side effects:** Rare reports of hypersensitivity including skin rash; very rarely, blood dyscrasias (not necessarily causally related). Occasionally drowsiness, psychomotor impairment, antimuscarinic effects (urinary retention, dry mouth, blurred vision), disorientation, restlessness, gastrointestinal disturbances, photosensitivity reactions and dizziness. **Overdose:** Immediate medical advice should be sought in the event of an overdose, even if the patient feels well, because of the risk of delayed, serious liver damage.

Legal category: P **Product licence number:** PL 00079/0187. **Product licence holder:** GlaxoSmithKline Consumer Healthcare, Brentford, TW8 9GS, U.K. **Package quantity and RSP:** 160 ml £4.99. **Date of last revision:** June 2006. **Night Nurse:** is a trademark of the GlaxoSmithKline group of companies.

'Night Nurse Product Information. Presentation:

Clear green liquid containing per 20 ml Paracetamol 1000 mg, Promethazine Hydrochloride 20 mg, Dextromethorphan Hydrobromide 15 mg. **Uses:** Night-time relief of the symptoms of colds, chills and influenza. **Dosage and administration:** Adults and children 12 years and over: One 20 ml dose at bedtime. Children under 12 years: On medical advice only. **Contraindications:** Known hypersensitivity to ingredients, hepatic and renal impairment. **Precautions:** Avoid use with cold medications or decongestant or paracetamol-containing preparations. Patients with asthma or other respiratory disorders, epilepsy, glaucoma, urinary retention, prostatic hypertrophy, hepatic impairment or cardiovascular problems should consult a doctor first. May cause drowsiness. If affected, do not drive or operate machinery. Avoid alcoholic drink. Do not exceed the stated dose. Caution required in patients taking warfarin and other coumarins, tricyclic antidepressants, MAOIs, hypnotics, anxiolytics, antimuscimolics, domperidone, metoclopramide and colestyramine. May interfere with immunologic urine pregnancy tests to produce false results. Avoid in pregnancy and lactation unless advised by a doctor. **Side effects:** Rare reports of hypersensitivity including skin rash; very rarely, blood dyscrasias (not necessarily causally related). Occasionally drowsiness, psychomotor impairment, antimuscarinic effects (urinary retention, dry mouth, blurred vision), disorientation, restlessness, gastrointestinal disturbances, photosensitivity reactions and dizziness. **Overdose:** Immediate medical advice should be sought in the event of an overdose, even if the patient feels well, because of the risk of delayed, serious liver damage.

Legal category: P **Product licence number:** PL 00079/0187. **Product licence holder:** GlaxoSmithKline Consumer Healthcare, Brentford, TW8 9GS, U.K. **Package quantity and RSP:** 160 ml £4.99. **Date of last revision:** June 2006. **Night Nurse:** is a trademark of the GlaxoSmithKline group of companies.

'References:

1. IMS August '06. 2. ACN Sept '06 MAT Cold & Flu Market. 3. Spend at MEAL equivalent.

Nothing works harder to fight cold & flu symptoms.



Night Nurse is the No.1 pharmacist recommended cold and flu brand.¹ The Nurses range is growing at +8%, four times the size of the total market.² With a £1.8m support package starting in November 2006,³ the place likely to be congested is your store.



Day time – paracetamol, pseudoephedrine hydrochloride, pholcodine
Night time – paracetamol, promethazine hydrochloride, dextromethorphan hydrobromide

NURSE IT BETTER

Please refer to the Product Information overleaf.

Pharmacy question time

C+D teams up with symbol group Numark to quiz 200 contractors on key pharmacy issues

C+D reporters

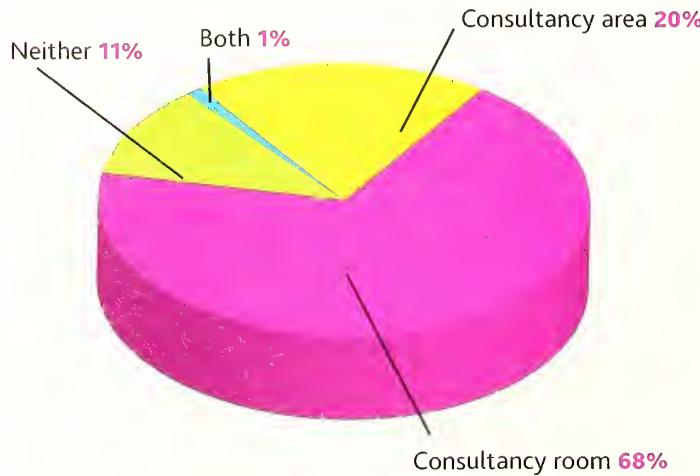
So hectic is pharmacy life that asking contractors to spend their well-earned tea break filling in more paperwork seems cruel. But, thanks to 200 Numark members, who sacrificed the ritual crossword for questions on the new contract, C+D can bring valuable insight on MURs, independent prescribing and other key industry issues.

How the survey worked

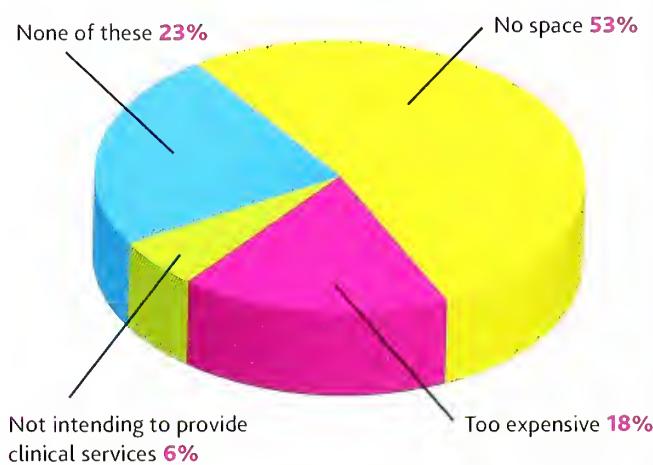
- The survey was sent to 1,300 Numark members, and 200 responded.
- Respondents had from October 1 to October 27 to respond.
- The survey asked 22 questions regarding all aspects of running a pharmacy.

- The question on pharmacy organisations asked respondents to rate them, either 'poor', 'could be better', 'good', 'exceeds expectations' or 'very effective'.
- There were eight responses from Wales, 14 from Scotland, 24 from Northern Ireland and 154 from England.

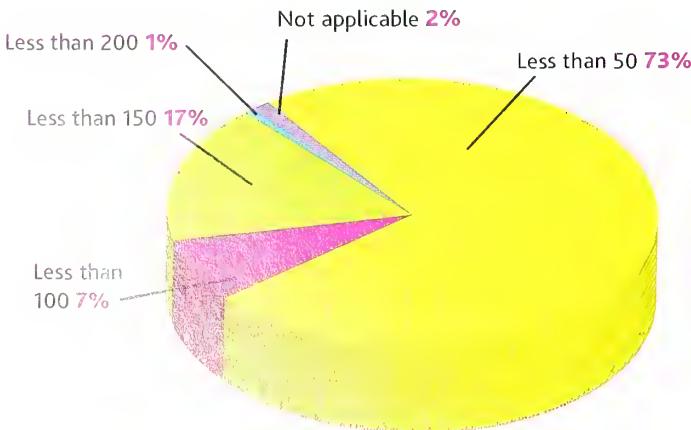
Do you have a consultation area or a consultation room?



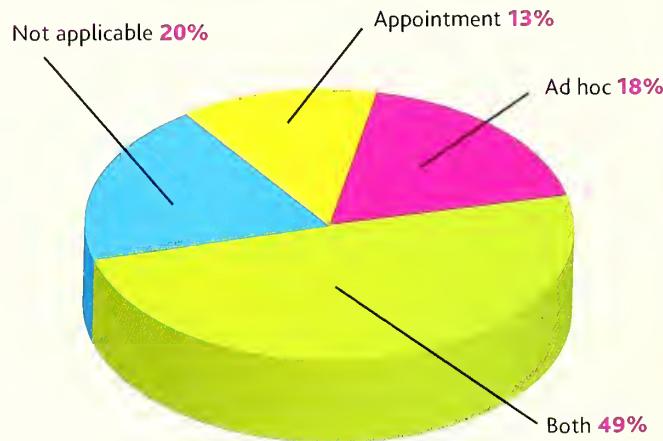
If you do not have an area or room is this because there is:



How many MURs did you do in the contract's first year?



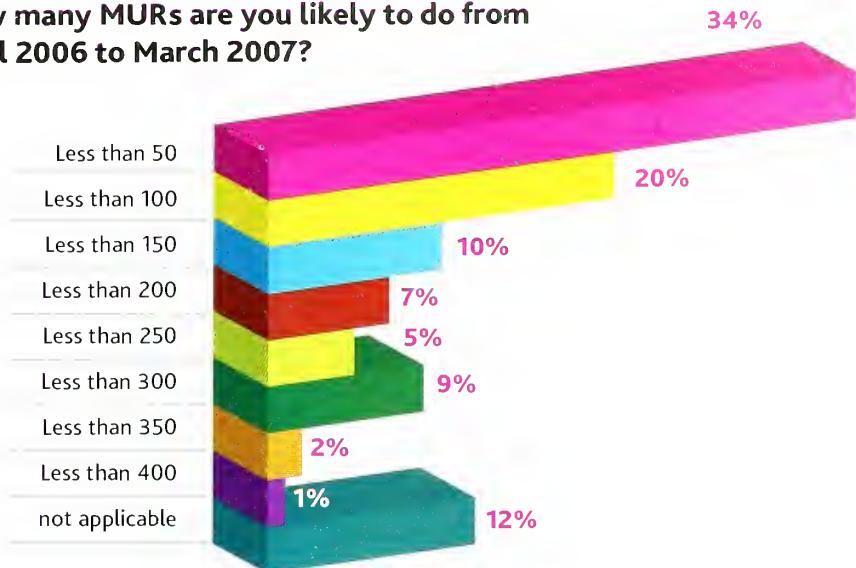
Do you perform MURs by appointment, ad hoc or both?



MURs – the findings:

- 62 per cent of MURs take under 25 minutes.
- 20 minutes was the most popular length for an MUR.
- 41 per cent of pharmacists involve other staff in MURs.

How many MURs are you likely to do from April 2006 to March 2007?



Consultation rooms – the findings:

Most popular services offered from consultation rooms after MURs.

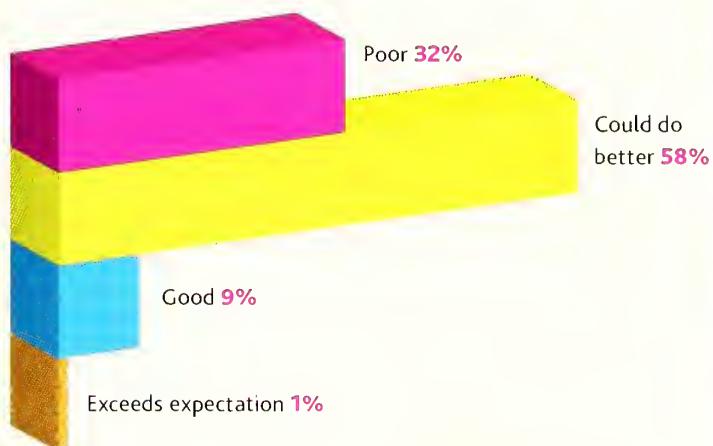
1. Blood pressure checks (24 per cent)
2. Smoking cessation (23 per cent)
3. Diabetes testing (15 per cent)
4. EHC (9 per cent)

Professional ambitions – the findings:

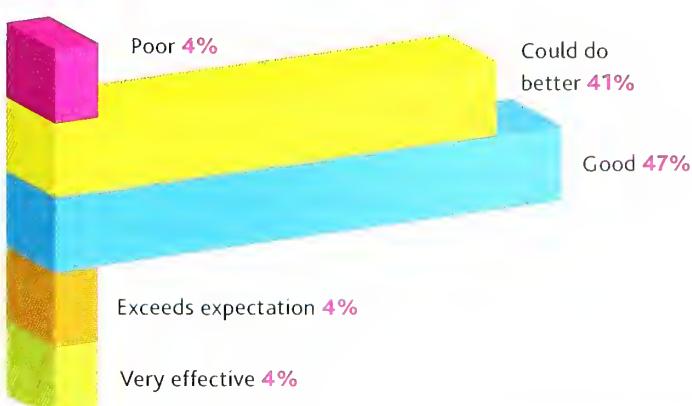
- 7 per cent of pharmacists qualified as supplementary prescribers.
- Becoming a pharmacist with special interests is the most popular qualification said survey respondents. Over 30 per cent said they intended to become a PWSI with achieving independent prescribing status the next most popular choice.

Pharmacy organisations – the findings:

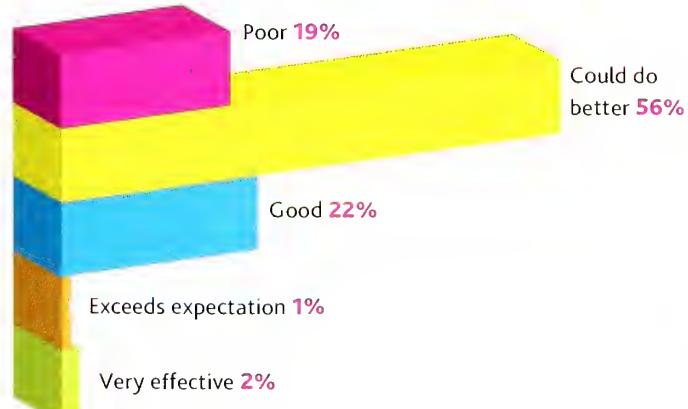
How would you rate the effectiveness of the RPSGB?



How would you rate the effectiveness of the NPA?



How would you rate the effectiveness of the PSNC?



Scotland

• Respondents praised the performance of SPGC. The organisation's effectiveness was rated at good or above by 85 per cent of pharmacists questioned.

Wales

• 50 per cent of pharmacists rated Community Pharmacy Wales' effectiveness as good or better.

Northern Ireland

• The UCA was the top-rated pharmacy body in Northern Ireland with 63 per cent rating the organisation's effectiveness as good or better. PSNI's and UCA's performances were rated as good or better by 50 per cent of respondents.

Don't miss the second part of the C+D/NICP... In next week's issue we reveal the biggest stories in pharmacy success; business prospects for 2007; preparations for practice-based commissioning...

ADDRESSING YOUR CUSTOMERS'

**By Graham Phillips,
Community Pharmacist**



Many smokers have misconceptions about the safety of nicotine replacement therapy (NRT). A recent survey showed that almost two-thirds of smokers incorrectly believe that, or are uncertain whether, nicotine stop-smoking products are just as harmful as cigarettes.^{1,2} Given that NRT alone can double the chances of your customer stopping smoking compared with using willpower alone, and that behavioural support combined with NRT can increase the chances by six-fold,^{3,4} these misconceptions can stand in the way of your customers quitting smoking for good.

With smoke-free legislation on its way in England and Wales, and given the incentives to offer a smoking cessation service as an Enhanced Service commissioned under the new pharmacy contract, pharmacists and pharmacy assistants can make a significant contribution to reducing the healthcare burden associated with smoking. Such a service also has the potential to place us at the forefront of the growing Public Health agenda.

Whether by offering advice to customers on stopping smoking as an Essential Service (Health Promotion) or as a Level 2 Enhanced Service, addressing common nicotine misconceptions is vital if your customers are to take advantage of the increased quit rates seen with NRT. It can also bring some financial benefits to your pharmacy. Through various



voucher schemes, or via a patient group direction (PGD), the cost to the pharmacy of NRT products supplied through a smoking cessation service can be reimbursed by your primary care trust.

Retail revenue from NRT can also be improved if your customers are better educated about nicotine and are aware of the benefits of using NRT when attempting to quit smoking, especially if you position the pharmacy as "the place to go" for smoking cessation services.

Barriers to using effective therapy

Approximately 70 per cent of smokers want to stop smoking,^{3,5} and nearly 80 per cent of current smokers have tried to give up.⁵ The poor quit rate may, in part, be due to nicotine misconceptions that act as barriers to the use of effective pharmacotherapy. A recent survey showed that many smokers do not understand that nicotine, whether delivered through a cigarette or NRT, is not a direct cause of smoking-related diseases, such as lung cancer, stroke, heart attack and asthma (Figure 1).^{1,2}

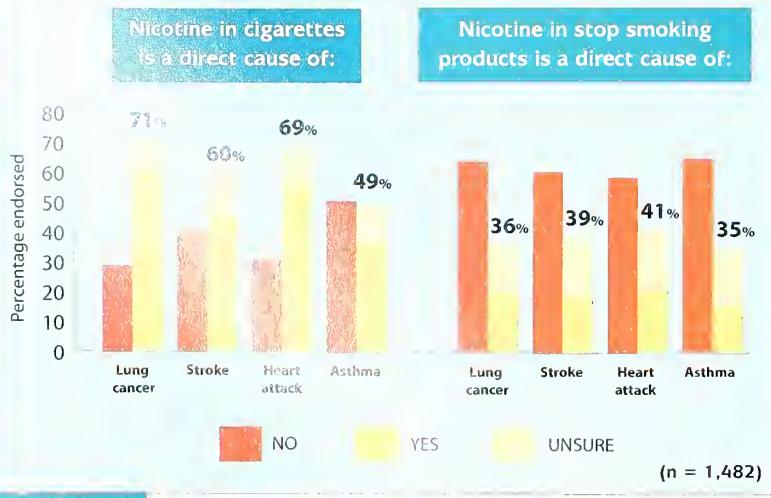
The survey ($n=1,482$) found that 37 per cent of smokers believed that stop-smoking products with nicotine are just as harmful as cigarettes, with a further 28 per cent being unsure.¹ Of those smokers with such NRT misconceptions (including those who were unsure about the safety of nicotine), only 37 per cent are likely to use NRT compared with 55 per cent of smokers with no misconceptions.¹ This means that those with nicotine misconceptions are less likely to be successful during their quit attempt to stop smoking because they are denying themselves pharmacological support of proven effectiveness.⁴ Therefore, nicotine misconceptions have a negative consequence on public health in the community. If, as a result of their misconceptions, these smokers are reluctant to use or purchase NRT, or access your smoking cessation service, it may also have a financial impact upon your pharmacy.

How to deal with nicotine or NRT misconceptions

Pharmacists and pharmacy assistants are well placed to offer advice to smokers, and a 'Simple steps'⁶ pathway has been developed that outlines a quick and effective approach to engage customers in a quit attempt. It is also important to

FIGURE 1

Many smokers believe that nicotine is a direct cause of smoking-related disease¹



MISCONCEPTIONS ABOUT NRT



provide advice on NRT and to effectively tackle any nicotine misconceptions that customers may have. You can do this by proactively explaining to your customers about how NRT works and the safety profile of NRT products. By doing so, you can help make a positive impact on community health

So what should you cover in a consultation, and how can you handle common misconceptions?

Does your customer understand the role of nicotine in smoking?

Misconception 1: Your customer thinks that giving up smoking is all about willpower

While your customer is right in that willpower is needed to give up smoking, it is important that he or she realises that NRT can increase their chances of a successful quit attempt. Ensure that your customer is aware that it is the nicotine in cigarettes that gives the hit and keeps people smoking.

You should explain how years of smoking increase the number of nicotine receptors in the brain that thrive on nicotine,^{7,8} and how this re-wires their brain to demand nicotine.⁹ When these receptors stop getting the nicotine they have come to rely on, as when a smoker quits, they "call out" for nicotine, something the quitter feels as a craving. These cravings can be intense and last weeks longer than many smokers realise.^{10,11} These can sabotage willpower.

NRT targets the nicotine receptors¹² to help relieve the withdrawal symptoms and cravings,¹³ and can improve the odds of your customer quitting two-fold^{4,14}. Behavioural support can further increase these chances by as much as six-fold.⁴

Does your customer understand that it is not nicotine but other chemicals in a cigarette that can kill?

Misconception 2: Your customer is concerned that nicotine causes ill health

It is important to make sure that your customer is aware that although nicotine is the reason he/she may want a cigarette, it is the 4,000-odd other chemicals and gases from cigarette smoke that cause the damage to health and that can kill them.^{2,15-17} For example, tar has been associated with lung cancer¹⁶ and the effect of carbon monoxide on the body can lead to myocardial infarction and stroke.¹⁵ By using NRT your customer is getting the therapeutic level of nicotine that can

help them successfully quit but without all the other harmful ingredients of cigarettes.¹⁷

Educate your customer about how NRT works and how it should be used

Misconception 3: Your customer is worried about becoming addicted to nicotine patches (or other forms of NRT) instead of the cigarettes

It is important to explain to your customer both the role of nicotine in cigarettes and the therapeutic role of nicotine in NRT. After inhalation on a cigarette, nicotine quickly travels from the lungs to the brain and leads to the hit associated with smoking.¹⁸ It is the addictive part of a cigarette and the ingredient that results in withdrawal symptoms and situational cravings after quitting.

Nicotine from NRT replaces the very high concentrations of nicotine obtained from smoking with lower doses delivered more slowly.¹⁷ This means it delivers nicotine to the nicotine receptors in the brain but without providing the hit.¹⁷ Thus, nicotine in NRT acts therapeutically to reduce the withdrawal symptoms and cravings of your customer so that he or she is free to concentrate on breaking the habit of smoking. In this way, NRT can help your customer stop smoking by gradually reducing their nicotine intake until he or she no longer needs any.

Try to make sure your customer understands that NRT will not keep them craving nicotine and that gradually they can be weaned off the NRT. As such, they aren't substituting one addiction for another. You should also give them clear advice on how NRT should be used. For example, they will get the most benefit from NRT if they take a complete course rather than only using it when their cravings are particularly strong or stopping too soon.

Give your customer as much information as possible

A smoker can never have too much support when trying to stop smoking. As you cannot provide this support 24 hours a day, encourage them to make use of supportive patient leaflets, such as *The truth about nicotine*, and websites (eg www.click2quit.com) Sources of support include organisations such as Quit (0800 00 22 00, www.quit.org.uk)

Conclusion

Nicotine misconceptions can have a significant impact on a customer's chances of stopping smoking if they dissuade them from using effective NRT. By being alert to these misconceptions and reassuring smokers about the safety of NRT, you can help them successfully quit smoking and reduce the smoking burden on the healthcare system.

Sponsored by GlaxoSmithKline



Customer contact centre
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Fax 020 8990 4328
customercontactuk@gsk.com

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Teenage kicks

A government strategy plans to halve the number of teenage pregnancies and the new contracts offer an opportunity for pharmacists to get involved

Sarah Purcell

Teenage pregnancy rates have fallen by 11 per cent since the birth of the government's teenage pregnancy strategy in 1999, but that's no reason for complacency. The UK still has the highest teen birth rate in Europe, with pregnancy rates five times that of Switzerland and four times the rate in The Netherlands. The reasons behind our high teen pregnancy rate are complex and a multi-faceted strategy is needed to tackle them.

The Department for Education and Skills has just published the next phase of its teenage pregnancy plan 'Accelerating the strategy to 2010', which plans to halve the current pregnancy rate in under 18s. While pharmacists have always been involved in supplying contraception to the public, since the introduction of the new pharmacy contracts which encourage the provision of a consultation area, they've been given the opportunity to take a more proactive role in giving advice to young people. "Giving advice on sexual health is a great way of utilising our consulting areas. Pharmacies now have a professional, clinical but friendly environment which young people respect," says Sean Woodward, Royal Pharmaceutical Society spokesperson and board director of the National Pharmacy Association.

Why teens will come to you

"Pharmacists are well placed to advise on sexual health. You're accessible and in places where teens go – the high street. We need a multi-facet approach to help reduce teen pregnancy and pharmacists can be part of this," says Toni Belfield, director of information at the fpa (family planning association).

At Brook, which specialises in advising young people on sexual health and pregnancy, Sue Germain, outreach manager at Milton Keynes, has been involved in training pharmacists to give such advice from their stores. "Pharmacies have great opening hours and teenagers are used to going to them for other things so they feel comfortable there. There's also a big choice of stores they can visit, so they can easily avoid bumping into neighbours if they go further afield."

Teen pregnancy – the reality

- The infant mortality rate for children of teenage mothers is 60 per cent higher than for older mums.
- Teenage pregnancy costs the NHS £63,000,000 every year.
- Girls under 17 have an increased risk of having a premature or low birthweight baby.
- Women whose mothers were teenage mums are twice as likely to have a teen birth as those born to older mothers.
- One in every 10 babies born is to a teenage mother.

Teenage pregnancy co-ordinator Claire Whiteley, at Upfront Teenage Pregnancy in Bradford, believes pharmacists should be able to provide sexual health advice to young people. "It is important that pharmacists want to take part in sexual health schemes and receive the right training and support to do so. Young people want services to be delivered locally, by friendly people with clear guidance around confidentiality."

At SSL, makers of Durex, sales and marketing director Cliff Stubbs says: "A poll we carried out among pharmacists found that 74 per cent of sexual health queries were related to emergency contraception. This is a great opportunity for pharmacists to expand and talk about preventing unplanned pregnancy and STIs in the future with young people."

Tackling embarrassment

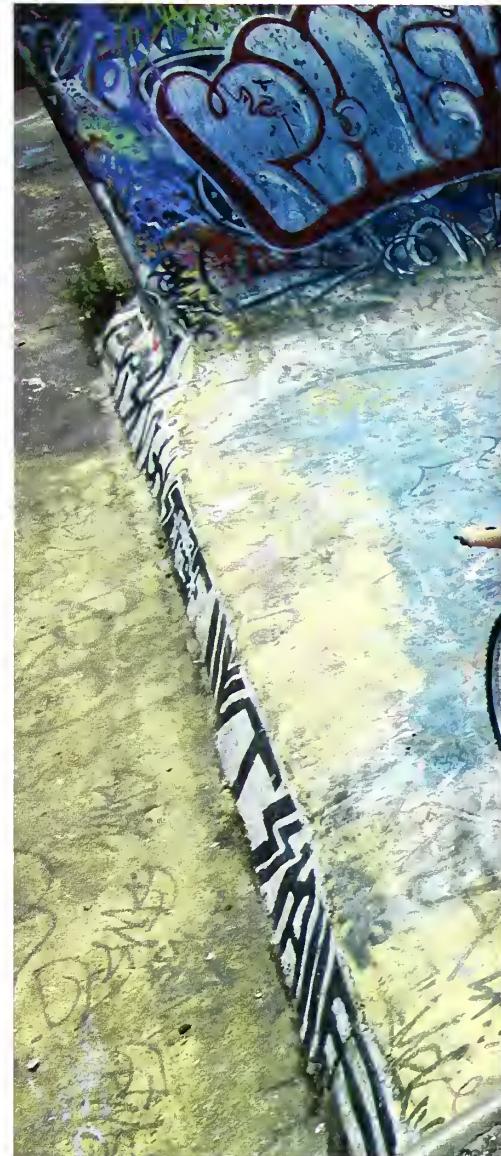
Ask yourself this question: 'Is it the teenager or me who's most embarrassed by an intimate question about sexual health?' "The embarrassment can come from the pharmacist just as easily as from the teenager," says Ms Belfield. "We need to ask ourselves why we're so embarrassed about sex. You'll certainly feel less comfortable if you're not well informed and worried about not being able to

Pharmacies now have a professional, clinical but friendly environment, which young people respect

answer a difficult question. The answer is to improve your knowledge and embark on a further education course." The CPPE run postgraduate courses in sexual health for pharmacists – visit www.cppe.man.ac.uk for more details.

Ms Germain stresses the importance of being friendly and approachable. "First impressions are crucial and young people may not have the courage to ask you for what they intended if a member of staff is abrupt or off-putting. This is especially true if they've come to you for emergency hormonal contraception. You need to be non-judgmental and take them to a private area if possible." In Milton Keynes they've just set up a scheme where young people can simply give a card to the pharmacist that explains they need EHC to get over the awkwardness of asking for it in front of other people.

EHC is now available free to young people from many pharmacies and Mr Woodward believes this service could be developed further. "Handing out



free condoms along with EHC would be a positive step as well as advice or leaflets on correct condom usage. I'd say 95 per cent of the EHCs I hand out from my pharmacies are because of condom failure."

Becoming an advice centre

If you're interested in becoming more involved in offering sexual health services, the first thing you need is more training. "It's vital that you keep your knowledge up to date and that people know about your service," says Ms Belfield. "If pharmacists can be accessible and open then the information will spread. Don't hide condoms away but have them on the counter with some leaflets next to them. Encourage customers to ask you questions. For example, if a customer comes in for a pregnancy test it's a good opportunity to ask them if there's anything else they'd like information on."

It's also important not to work in isolation. "Get to know others who work in sexual health in your locality – talk to the GPs, the clinicians, the nurses," says Ms Belfield. You can get details of these from the fpa website – www.fpa.org.uk

Don't be frightened of working with teenagers either. "When training pharmacists I often found they were very anxious about being alone with young people because of accusations of abuse. Many also had an impression of teenagers as being demonic and brazen, when in fact many are just embarrassed by the whole issue of sex. Some also



The Accu-Chek PAIN FREE challenge

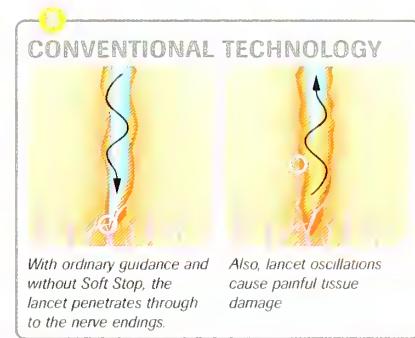
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This promotion will run from mid January to end of April 2007 and will be supported by a national press, PR and direct mail campaign.



*People with diabetes are exempt from paying VAT on these products.

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Please send a pack of in-store promotional materials

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1. This offer is available to people with diabetes only. It is not applicable for Pharmacies, Wholesalers, Healthcare Organisations or Healthcare Professionals alike.
2. Offer starts on **Jan 1st 2007** and ends **30th April 2007**. Money back claims must be received by Roche Diagnostics Ltd **28 days** from date of original purchase. Refund requests received after **28th May 2007** will not be refunded.
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Photo: alamy.com

ad concerns about child protection issues in under 16s. I'd advise building a good relationship with a local social services officer who you can ring for advice if you're worried," says Ms Germain.

At Mates Healthcare, brand manager Rachel Lemmings believes pharmacists can help teens gain the confidence to use contraceptives effectively. "Offering a quiet area to talk to them about sexual health will help. It's important to see young people as individuals and to speak to them equals, never patronising them. Pharmacists are seen as a good source of advice because they're impartial and disconnected from young people's social networks," she adds.

If you're offering sexual health advice services, tell your customers by putting up obvious signs in our pharmacy. "A notice displayed in an area teens will come to, such as the make-up counter, is a good place," says Ms Germain.

It's important to offer information too as well as giving advice. "There's still a lot of confusion about the Pill – why not suggest an MUR if someone comes in for advice after missing a couple of pills or perhaps ask if they'd like an MUR when they come in for their second prescription of tablets?" says Mr Woodward.

There's a new publication from the fpa you can hand out to teens called 'Love Sex Life'. It covers sexuality, loving relationships, safer sex and sexual pleasure. You can order from the fpa website or from 50 Featherstone Street, London EC1 8QU.

Teen conception rates in the UK

Year	Under 18 conceptions	Under 18 conception rate per 1,000
1998	41,089	46.6
1999	39,247	44.8
2000	38,699	43.6
2001	38,461	42.5
2002	39,350	42.6
2003	39,553	42.1
2004	39,545	41.5

Source: Office for National Statistics 2006

Usage of EHC

Mintel asked 1,774 women how often they'd used EHC in the last year.

Some 10 per cent of 16 to 17-year-olds had used it at least once, 26 per cent of 18 to 19-year-olds, 15 per cent of 20 to 24-year-olds, 11 per cent of 25 to 29-year-olds, 5 per cent of 30 to 34-year-olds, 4 per cent of 35 to 39-year-olds and 3 per cent of 40 to 44-year-olds.

Condom failure was the most common reason for using EHC, especially for 16 to 29-year-olds.

First Response for an early result

It's important for teens to be able to find out if they are pregnant as soon as possible, says the maker of First Response pregnancy test. Its Early Result Pregnancy Test can detect the pregnancy hormone in the first stages of pregnancy, up to four days before a missed period, and is more than 99 per cent accurate. It can be used at any time of day.

The test is now available in a 10-test clinic pack suitable for in-pharmacy testing. For further advice teenagers can visit the First Response website –

www.firstresponsefertility.com – where they can email a trained professional in confidence.
Church & Dwight, tel: 01303 858700



Risky business

It's not just pregnancy teenagers should be worrying about – Britain has the highest STI rate in Western Europe

Nearly a third of 16 to 24-year-olds lost their virginity before their 16th birthday, according to the BareAll06 survey carried out by Radio 1 and supported by the Department of Health. The poll found that 43 per cent of young people had had at least five sexual partners, with one in five having more than 10. Over half said they'd had a one-night stand and 38 per cent said they didn't always use a condom with a new partner.

Young people are twice as worried about pregnancy as they are about contracting an STI. But Britain has the highest STI rate in Western Europe and cases of gonorrhoea, chlamydia and herpes have risen by 55 per cent, 206 per cent and 18 per cent respectively over the past decade. Rates of STIs continue to rise most rapidly among 16 to 24-year-olds – two-thirds of those diagnosed with chlamydia are in this age group. The main reason for the rising numbers is an increase in risky sexual behaviour, says the Health Protection Agency, such as unprotected sex with multiple partners.

The Department of Health is piloting chlamydia screening services in 200 Alliance Boots stores across London and if successful the hope is that this will be widened. "Some 40 per cent of the pharmacists we spoke to expect to be offered chlamydia screening in the near future. This will make a huge difference to what pharmacists can

offer in terms of sexual health advice," says Cliff Stubbs at SSL.

Sean Woodward, an NPA board member, applauds the chlamydia testing through pharmacies: "It's a shame it was only done through Boots and not a wider range of pharmacies. We are very well placed to give advice on STIs."

Pasante Healthcare, maker of SelfCheck chlamydia tests, carried out a survey on sexual health and found that 63 per cent of people would not have an STI test after having unprotected sex with a stranger, while 28 per cent said they'd be worried but do nothing about it. They discovered that 50 per cent wouldn't tell their partner if they picked up an STI from someone else, and 69 per cent said they'd be more likely to have an STI test if they could test themselves rather than go to their doctor or a clinic.

Better condom usage

As well as investing in screening programmes for STIs, the government has pledged to make it easier for young people to get access to condoms. But having a condom to hand is one thing, using it effectively is another issue.

"If pharmacists would be willing to do condom demonstrations for young people, it would be very helpful," says Sue Germain at Brook. "And they're often unaware condoms come in different shapes

Cervical cancer vaccine update

The Gardasil cervical cancer vaccine (by Merck) was licensed for use in the EU in September, but it's not yet known when it will be considered for use on the NHS. In the USA, Gardasil has been recommended for use on all girls aged 11 to 12 by the Centers for Disease Control and Prevention. This has raised concerns from doctors and health providers over the cost of the vaccine (£195 for three injections) and from religious conservatives who fear it will encourage promiscuity.

Phase III trials have been carried out on GlaxoSmithKline's Cervarix vaccine and results are expected soon.

Experts believe a cervical cancer vaccine could reduce deaths from the disease by 75 per cent if given to all 12-year-old girls.

and sizes as well as flavours, so it's a good idea to put a leaflet in the bag when selling them," she adds.

Condom manufacturers are trying to raise awareness of the importance of choosing the right condom. "We now give details of all the different shapes available on our packs," says Rachel Hemmings from Mates.

This year the fpa's sexual health week focused on

Promotion

New product from Replens

The makers of ReplensMD, the non-hormonal Vaginal Moisturiser, have used their expertise in vaginal health to create a new product now being launched under the famous brand.

Replens Intimate Gynaecological Wash Bar

The new 100g wash bar has been formulated by gynaecologists specifically to provide gentle cleansing to the intimate area.

A prescribed product over-the-counter, Replens Intimate Wash Bar is 100% soap free and pH balanced so it will not cause vaginal dryness or irritation or

disturb the healthy balance of vaginal flora which naturally protects from infection.

It also contains ingredients with antibacterial and antifungal properties as well as the soothing properties of rosemary to provide a gentle, refreshing cleansing experience.

Recommended for use during a bath or shower to help maintain intimate hygiene as part of a normal cleansing routine and also in special circumstances such as after intercourse, during menstruation or during other gynaecological treatment which may cause unpleasant discharge.

With consumer advertising and sampling planned from September 2006, Replens Intimate Gynaecological Wash Bar 100g is available now through wholesalers (PIP 232-1404).

The product has not been tested on animals and contains no animal derivatives.

For further information, visit www.replens.co.uk or call 01438 743070

New latex-free condom

Durex Avanti Ultima is the first condom to be made of the synthetic polyisoprene polymer. It replaces Durex Avanti as the non-latex condom in the range and is specially designed for people with latex allergy. The material is soft, stretchy and comfortable. The new condom features the 'easy on' shape to improve fit. It is available in packs of five and two.

SSL International
Tel: 0870 122 2689



Mates thinks thin

Mates has introduced Ultra Thin, said to be the thinnest condom available on the UK market. Senior brand manager Esther Laycock-Smith says: "Ultra Thin is our thinnest condom ever and will ensure maximum sensation for both partners." The new condom is available in packs of 12 and will retail at £8.00.

Ansell UK
Tel: 01636 642843



condom usage, addressing the issue of poorly fitting condoms and calling for the NHS to provide a wider selection of condoms in different sizes and shapes. Research by the fpa found that 35 per cent of condom users have experienced a condom splitting or coming off and 25 per cent had no idea that condoms are available in different sizes.

"Men come in different shapes and sizes and so do condoms. Problems such as condoms splitting or coming off are directly related to people choosing the wrong size and shape or not using them correctly," says Toni Belfield at the fpa. "We would like to see health professionals talk to clients about condoms during consultations and tackle some of the embarrassment that exists around condom use."

Cliff Stubbs has this advice for pharmacists:

- Take part in sexual health promotion campaigns. There's one planned by the Department of Health to promote condom usage in young people.
- Have a good range of condoms on offer.
- Make your display attractive.
- Have leaflets available to inform customers about different types of condoms.
- Keep up to date with new product information.

Reducing the VAT on condoms has helped them to become more affordable for young people (though they are available free from family planning clinics). "Our pack of 12 Mates condoms has reduced in price from £5.85 to £4.80, which works out at just 40p a condom – the price of a chocolate bar, only a lot more useful," says Ms Hemmings.

Mr Woodward believes pharmacists should be able to go one step further and hand out free condoms to teens, as in sexual health clinics. "After all, we're able to give needles to addicts."

Condom market

Condom sales last year were £57 million, but Mintel expects this to dip to £53m by the end of 2006 because of the VAT reduction, which came into place in July. Durex has around 82 per cent of the market, followed by Mates with 11 per cent.

Chlamydia testing at home

Pasante Healthcare's new SelfCheck Female Chlamydia Test (£14.99) can be used at any time of day and is more than 98 per cent accurate in just 10 minutes. Each kit contains one test and can detect chlamydia even when no symptoms are present. There's a helpline number to pass on to customers: 01903 753844.

Pasante Healthcare, tel: 01273 230037



Text for Trojan delivery service

Trojan condoms have launched a texting service in time for the Christmas party season. The entire range can be ordered by texting 'Trojan' to 78787. The condoms are charged directly to the mobile phone bill.

Solpadeine 'Paint The Town Red' Independent Pharmacy Winning Windows



The following pharmacies sited the 'best' Solpadeine window displays and as such have been voted the winning pharmacy by each GlaxoSmithKline Consumer Healthcare sales territory. Each pharmacy will receive a prize from their local Territory Business Manager in due course.

**Tarland Pharmacy,
Tarland, Aberdeenshire.
Mrs I.G. Starritt**



**Kexborough Pharmacy,
Kexborough, Barnsley.
Mr Asif Khan**

"GlaxoSmithKline Consumer Healthcare provides a high level of marketing expertise with their seasonal window display material. The Solpadeine window in our pharmacy conveys exactly the professional image we would hope for."



**Your Pharmacy, Twickenham, Middlesex
Mr Parag Shah & Rafik Sacranie**

"The impact our window display, which faces the high street, certainly makes a difference to our repute. Almost immediately after the display was put up, more and more new customers peering through the glass and eventually coming in. I am very pleased with the display enhances our shop and attracts new faces."

Fenistil Cold Sore Cream

Penciclovir

Q What do customers want from a cold sore treatment?



A Never underestimate the impact of an attack of cold sores. For sufferers the condition seriously impacts on everyday life.

It is disfiguring; it is painful; it is infectious (particularly at the blister stage); and the time from the initial prodromal (or tingling) phase to the final healing of the lesions can be up to 11 days.

That's a long time to feel below par, to be treated like a social pariah, and be kept at arms' length by those you know and love.

With between 20-40% of people experiencing cold sores at some point in their life, it's a common enough complaint. Some 80 per cent of us carry the virus, and once you have contracted it, it never leaves the body. Around 20 per cent of carriers will have recurrent attacks throughout their lives.

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- Shortens the time cold sores are infectious

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To help you get the Fenistil message across, the launch of Fenistil Cold Sore Cream will be supported with consumer advertising this year and through into 2007. Training materials are available for pharmacists and medicines counter staff. To obtain yours:

- Speak to your Novartis Consumer Health representative
- Phone the customer care help line on 01403 218 111
- E-mail customerservice@novartis.com

Fenistil Cold Sore Cream is for the treatment of herpes simplex virus infections of the lips and face (herpes labialis) in adults and children over the age of 12. Presentation: 2g tube of cream containing penciclovir 1.0% w/w. RRP: £6.49. Legal category: P. For further information contact Novartis Consumer Health, Wimblehurst Road, Horsham RH12 5AB.



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Bon Viveur

Belfast is a Victorian city. Fuelled by wealth from linen, rope making, tobacco and ship building, the newly rich mercantilists expressed their wealth in architecture and throughout the city warehouses, offices and public buildings were built in various flavours of Venetian gothic. When in 1860 the directors of the Ulster Bank wanted to build new offices in Waring Street to express their prosperity they chose a Glaswegian architect (one James Hamilton) and a debased Palladian style as being more in keeping with the restraint and circumspection appropriate for a bank.

However, inside they could not resist the fashionable. Under a towering dome they decorated in high gothic – gold, reds, greens straight out of Pugin's House of Commons pattern book, and at the very time that gothic décor was being replaced by the sweetness and light of the aesthetic movement.

What luck for we poor 21st century gourmands! In 2006 the bank's building reopened as the 25-room Merchant Hotel and the new owners have restored the grand banking halls to their original splendour and put a restaurant and bar into them

Miss Continuity had scallops on a cauliflower purée. I stole one while she was looking at the ceiling and it was plump and sweet

to create one of the best dining rooms in the UK.

There is a long bar filled with mirrors, red plush and Ulster Bank decorative rebuses to the side of the restaurant, slightly 'clubby' but welcoming and comfortable. But the glory is in the Great Room, 80 covers under the cupola, surrounded by gold crowned pillars, red and green painted mouldings and, rather curiously, white painted priapic putti gazing down from on high. I met the Continuity Blonde there and we gazed in wonder at the décor as we sipped our Kirs and made our choices.

The menu is short and favours local produce (good) but charges for vegetables separately from the entrées (bad, weird and misleading). It drives me mad when restaurants do this. We poor punters should expect to see and understand the cost of a whole meal, not have to work it out from an assembly line. And a good chef knows what vegetables will work with his inventions and should allocate them accordingly – a dish should be a gestalt, not just a sum of the parts.

I had a crab and avocado tian in a pool of tomato coulis, which was as it should be, while Miss Continuity had scallops on a cauliflower purée. I stole one while she was looking at the ceiling and it was plump and sweet.



Entrées were suckling pig for me (beautifully cooked, crackling not quite crisp enough) and lamb stuffed with black pudding and topped with a mini shepherd's pie – perhaps this was trying too hard to be 'cheffy'.

A nicely chosen selection of Irish and French cheese sufficed for dessert.

The wine list is a bit of a mess and looks as if it was chosen by a man with a vintner's catalogue and a pin; there is no logic or structure to it. We chose a Chablis and a Claret, both of which were serviceable but uninspiring.

Chef Tony O'Neill can certainly cook but there is better value for money available in Belfast at, for example, Roscoffs or Restaurant Michael Deane.

However, this will still remain one of my most memorable meals. Firstly, because I was eating good food in great company and, secondly, because of the magnificent surroundings.

Would I go here again?

I would happily sit in the bar and people watch all day: and you should eat there at least once.

What would I change?

The prices. Our bill topped £300. At this level the food offer needs to be outstanding and it isn't yet; but it is possible that it may be one day if the food can live up to the room.

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